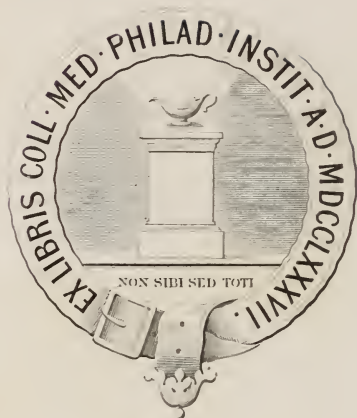
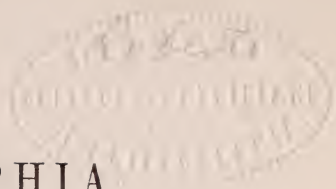


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THE
PHILADELPHIA
JOURNAL OF HOMŒOPATHY.

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ORIGINAL COMMUNICATIONS.

ADVANTAGES OF PHYSICAL DIAGNOSIS

TO THE

HOMŒOPATHIC PHYSICIAN.

BY N. F. COOKE, M. D.

“Sans un diagnostic exact et précis, la theorie est presque toujours en défaut, et la pratique souvent infidele.”—LOUIS.

It is not my intention, in the present paper, to enter into an elaborate exposition of the means by which certainty may be approximated in the diagnosis of disease, nor a defence of physical exploration as conducive to that end. Daily observation attests, and the knife of the anatomist reveals the truth and beauty of theories which Stokes and Williams, among the English—Grisolle and Chomel, among the French—Skoda and Fuchs, among the Germans, have so nobly labored to elucidate and expound.

It shall be my aim, in the following pages, to contend most strenuously against those of our own school who, interpreting the language of Hahnemann literally and not in accordance with its *spirit*, confine themselves, in an examination of the sick, almost exclusively to the discovery of mere crude consensual phenomena—*symptoms*—and reject Physical Diagnosis as almost superfluous, indeed, even exclaim with vehemence against those who, by its aid, are seeking a much nearer approach to disease, than symptomato-

logy can ever hope for. That the Homœopathic physician can but ill afford to dispense with such valuable assistance; that it is intimately associated, indeed forms an integral part of the beautiful science he professes; that, whatever his assertions be, in his daily practice, constantly calls for its support; that his success must in a great measure depend upon his familiarity with its details; that the father of modern medicine himself would blush to own as followers those who so tamely repose at the threshold of that glorious edifice, which his gigantic mind was permitted to erect but *not* to complete: these are the points which I shall endeavor to maintain, confident in my positions, but diffident of my ability to illustrate them.

I quote from the *Organon*, (page 96, Section VI. 3d American Edition), the language upon which the opponents of pathological research seem to base their objections, viz., "The unprejudiced observer, (however great may be his powers of penetration) aware of the futility of all elaborate speculations that are not confirmed by experience, perceives, in each individual affection nothing, but changes of the state of the body and mind, (*traces of disease, casualties, symptoms,*) that are discoverable by the senses alone, that is to say, deviations from the former sound state of health which are felt by the patient himself, remarked by the individuals around him, and observed by the physician. The *ensemble* of these available signs represents, in its full extent, the disease itself—that is, they constitute the true and only form of it which the mind is capable of conceiving."

Now we contend, that certain of these "elaborate speculations" of which Hahnemann complains, have since *been* "confirmed by experience," and are therefore justly entitled to a place in our science. What were then vague suppositions, have now become established facts, and he who fails in rendering them "available," may find the explanation in his *own want of skill*. Symptomatology itself would now be imperfect without them, for by them we are surely directed to the real *seat* of disease, and, of course, led to a more perfect investigation of the *local* symptoms: these being most important are separated from the thousand and one sympathetic phenomena common to so many internal affections (and to so many of our remedies,) and our search through the ponderous "Materia Medica" is thus rendered far less laborious and greatly more precise. The rapid strides which Pathology, the twin sister

of Physical Diagnosis, has made since Hahnemann's day, has placed the matter in a far different light. The stupendous labors of Rokitsansky—the mute testimony of his twelve thousand cadavers—were then undisclosed: Jackson, of Boston, and a host of others, had not uttered the astonishing revelations which have since excited the wonder and admiration of the world. *Now*, to achieve the *tout ensemble*, the intelligent physician, who would travel his professional life-journey side by side with medical progress, may no longer confine himself to the mere external phenomena of morbid expression. He must enter the *penetralia*, interrogate each organ of the body, and let its own language speak of its sufferings. The heart, by its changes of *rythm*, its *valvular murmurs*, its *bruits*, its varying impulse—the lungs by their divers changes in the last *respiratory murmurs* of pleuritic effusion, the *râles* and *ronchi* of bronchial inflammation, the *crepitus* of pneumonic inflammation, the terrible and fatal *creakings* of confirmed crude tubercles—the *dulness* which marks the slightest encroachment of an organ upon precincts, it has no right to invade—the *fluctuation* which denotes undue accumulation of a fluid—the *souffle* which betokens the gravid uterus—all speak in accents of “certainty,” and are “discoverable by the senses alone.” He who is deaf to their voice must grope in doubt and ignorance, and, when too late, will discover his error in the triumph of his competitors. Posterity will owe no gratitude to him, and to his competitors his mind is but a barren waste, where no fertile spot, no refreshing springs afford delight and improvement in professional intercourse.

Thanks to the master spirits who, though blind to the all pervading law which alone gives to the fabric its strength and splendor, have enlightened the path *common to us all*, the “available signs” are far more numerous than a half century ago, and “the form of disease which the mind is capable of conceiving,” is far more perfect in its proportions. This I regard as a necessary result of the influence which *Homœopathy* has exerted in its march toward that epoch when “Allopathy” shall survive only in the archives of history, and the horrors it entails shall be subtracted from the details of human misery. Oh, then, shall one voice be raised from our ranks, one mind perverted to the renegade attempt of delaying this millenium of science? We who are now to enter the strife for this victory—whose young spirits pant for the contest, shall we be per-

suaded to ignore so powerful an ally? Forbid it, common sense! As regards the spread of Homœopathy, which we one and all have so deeply at heart, the policy (even in those who may fully believe in the attainment of such perfection in observation and remedial application as to cure, without reference to pathological conditions) the *policy*, I repeat, of *giving such opinions publicity*, is, to say the least, ill judged. The followers of Laënnec are “auscultating,” with evident exultation, the popular story that we neglect his discovery—the disciples of Avenbrugger are “percussing” their sides with laughter at each announcement of our contempt for his instructions. Well may they rejoice, for in proportion as such principles obtain, shall the progress of Homœopathy be impeded, and her professors suspected of ignorance and charlatanism.

Whatever his theoretical constructions, the intelligent physician, in his daily practice, is constantly making use, so far as his knowledge extends, of physical signs in determining, not only the seat of an affection, but also the *appropriate medicinal agent*. To establish this assertion, we have only to follow him to the sick chamber. The patient is a young and beautiful female, whom obvious reasons render extremely desirous to postpone the disclosure of her shame to the latest possible period. The array of *symptoms* is carefully collected—on paper, if you choose—the whispered conference with the agitated mother is ended, and the result cautiously added to the precious list: but mark! Not *yet* is the little vial withdrawn from its lurking place—not *yet* is the *remedy* (?) prescribed: see the *hand* placed on the abdomen! Observe the *tactus eruditus*! Witness the stolen *glance* at the *mammæ*! Hurrah for Physical Diagnosis, the case is no longer doubtless; its *nature* is manifest! Thus does he escape a most ridiculous blunder, and avoid the unenviable situation of a learned friend of my own—a pure symptomatologist by the way—who discovered, in the “symptoms” and distress of his patient, a clear case of “kidney colic;” but unfortunately, *en attendant* the subsidence of his “aggravation,” an allopathic brother had the happiness of introducing to light the living, breathing record of his confusion.

Finally, I assert, that the whole spirit and essence of Hahnemann’s teachings is opposed to the rejection of any means which experience shall demonstrate in the matter of forming an accurate diagnosis. In his theory of chronic diseases, his far reaching mind

seeks eagerly the connection between cause and effect. Such an intellect could not *rest* without clear and precise ideas, not only of the character and manifestations of each individual case, and the remedies which might benefit *it*, but it must grasp the *nature*, it must seize the *starting point* of disease itself, and thus indicate its progress and treatment for all coming time. It must *know* its adversary.

“Quis et unde sit scire.”

May *his* spirit animate our efforts—*his* teachings be our guide. We shall then hear less of opposition to the great truths which he would have been foremost to recognize and employ.

DRY COUGH—TUSSIS SICCA.

BY ELIJAH U. JONES, M. D.

There is perhaps no symptomatic affection watched with such jealous care as cough, and none that causes so much anxiety to parents and friends, lest it be the precursor of that dreaded, and practically incurable disease, consumption. It often commences insidiously, with a slight and occasional hacking, scarcely troubling the patient, and not thought worthy of notice. Soon it becomes more rough and racking in its character, seeming determined to force itself upon notice, and sometimes accompanied with expectoration. Ere long it begins to be troublesome at nights, and to have a slightly hollow sound, and the patient cannot breathe the cold air without a paroxysm of coughing. By this time the fears of his friends, and perhaps his own fears, are thoroughly aroused, and medical advice is sought. Or cough may attack the child, and its hollow and hoarse, or rough, spasmodic character warn the parents of a threatened croup. • Or a common attack of cough may assume, in a few days, a paroxysmal convulsive nature, with a peculiar sound or inspiration, characterizing the less dreaded whooping cough. Or if there be symptoms of fever accompanying, pneumonia, or measles may be feared. Chronic forms of laryngitis and bronchitis press themselves on our notice first by their cough. But we need

not always look to the respiratory organs alone for the causes of cough, for diseases in other parts of the organism are often accompanied by a symptomatic cough. Hence there are laid down in books, the hepatic, stomachic, verminous, abdominal, and hysterical coughs, these coughs being merely sympathetic with diseases of the liver, stomach, abdomen, or uterus, or with helminthiasis. There is also a large class of coughs denominated the nervous, depending upon some appreciable or inappreciable lesions of nervous centres, or the nervous cords. These may all be *dry* coughs, that is, without expectoration, either during their whole course, or in some part of it, and it is to these dry coughs that we now turn our attention.

Cough consists in a forcible and sudden expiration, having for its object the expulsion of some foreign substance in the respiratory passages. In *dry* cough there is seldom anything expelled, its exciting cause being irritation arising from the compact of air or vapor upon an inflamed surface, or from a sensation of itching or tickling, as if there were dust in the throat or larynx; or from the contact of impure or irritating air or vapor with healthy surfaces; from a sensation of burning, soreness or pain in the chest; from elongation of the uvula, &c. Or it may be simply nervous, having none of these sensations, and the patient cannot tell why he coughs, or what excites it. Dry cough is seldom the index of extensive lesion, though it may assume all those sounds characteristic of great disease. But space will not permit of our entering upon the pathology of the different varieties of dry cough. It must be reserved for the future.

The principal remedies for dry cough are *aconitum*, *belladonna*, *bryonia*, *chamomilla*, *hy-scymus*, *hepar*, s. c. *Nux vomica*, *phosphorus*, *rhus toxicodendron*. But scarcely less often used are *arsenicum*, *calcareo carb.*, *carbo vegetabilis*, *capsicum*, *ignatia*, *ipecac.*, *lachesis*, *mercurius*, *sulphur*. Other remedies are *alumina*, *ammonium muriaticum*, *arnica*, *baryta carb.*, *causticum*, *china*, *cina.*, *conium*, *cuprum*, *drosera*, *dulcamara*, *kali carbonicum*, *kreosotum*, *lycopodium*, *natrum*, *natrum muriaticum*, *nitri acidum*, *pulsatilla*, *sambucus*, *sepia*, *silicea*, *spongia*, *scilla maritima*, *stannum*, *veratrum*.

ACONITUM.—The dry cough of aconite is one resulting primarily from vascular erethism, causing congestions and inflammations, or one simply nervous. It is short, hacking, and continued, but easily

becomes spasmodic, whistling, or hoarse, There are nearly always heat, pains, or other symptoms denoting a degree of inflammation, or at least vascular excitement, hence the cough attending inflammatory fevers, caused either by local or general disturbance, are almost always controlled by it, especially in their first stages. The commencing coughs of *pneumonia*, *pleuropneumonia*, *pleurisy*, *influenza*, *croup*, *laryngitis*, *whooping cough*, &c., are especially under its control, and the chronic coughs of asthenic, plethoric persons. Its exacerbations are principally late in the afternoon, in the evening, and at night, when it may much disturb the rest of the patient by its paroxysmal and spasmodic character. The pains that accompany it are principally sharp and stitching.

Analysis.

Short and hacking,

Acon..Bell..Calc..Carb. v...Con...Dros...Hep...Merc...Nux...Phos...Puls...Sulph.
 Spasmodic,...Acon..Bell..Calc..Carb.v..Con..Dros..Hep..Merc..Nux..Phos..Puls..Sulph.
 Hoarse,.....Acon.....Carb. v.....Hep.....Merc.....Nux.....Phos.
 Continuous,.....Acon.....Bell.....Con.....Hep.....Nux.....Puls.
 From tickling in larynx,...Acon...Bell...Calc..Carb. v..Dros..Merc..Nux..Puls..Sulph.
 With burning in larynx,.....Acon.....Phos.....Sulph.
 With soreness of chest,...Acon...Calc..Carb. v.....Hep...Merc...Phos...Puls..Sulph.
 Worse in evening,...Acon..Bell..Calc..Carb. v...Dros..Hep..Merc...Phos...Puls...Sulph.
 Worse at night,...Acon..Bell..Calc..Carb. v..Con..Dros..Hep..Merc..Phos..Puls..Sulph.

ARSENICUM.—The chief action of arsenic is upon the vascular system, and especially upon the capillary portion. Its nervous symptoms appear to be due to faulty nutrition. It fluidifies the blood, rendering it black and uncoagulable, and hence in the capillary system, where nutrition is principally accomplished we find its effects most marked. The peripheral nerves also are especially affected. When the drug is pushed to its full extent complete paralysis and death of these nerves take place, hence its peculiar action upon the respiratory system is easily established. In cases of threatened paralysis of the lungs, in asthma, in dry hacking coughs, in the commencing coughs of laryngeal and tracheal phthisis, it is indispensable, especially when occurring in persons of impoverished, nervous or leucophlegmatic constitutions. The dry cough is short and hacking, as if occasioned by vapor of sulphur; or violent, weakening and fatiguing, with soreness of the chest as from excoriation, or from the pit of the stomach upward, and short, labored breathing, coming on in the evening, or from cold air, or periodical and suffo-

cative with shortness of breath. Its exciting causes are titillation in the trachea, movement, or from sense of excoriation. Its accompaniment, is a tremulous voice, is at times strong, and at others feeble, hoarseness, feeling of dryness and burning in the larynx; arrest of breathing; and sense of excoriation in the chest. Its aggravations are in the evening when in bed, or at nights, after a walk in the open cold air, after drinking, and after excitement.

Analysis.

Short and hacking,.....	Ars.....	Bell.....	Con.....	Dros.....	Nux.....	Phos.....
Suffocative,	Ars.....	Bell.....	Con.....	Dros.....	Ipec.....	Nux.....
Shaking,	Ars.....	Bell.....	Ipec.....	Nux.....	Phos.....	Puls.....
Periodical,.....	Ars.....	Bell.....	Ipec.....	Nux.....	Phos.....	Puls.....
Whooping,.....	Ars.....	Bell.....	Con.....	Dros.....	Ipec.....	Nux.....
From cold air,.....	Ars.....	Ipec.....	Phos.....			
From drinking,.....	Ars.....					
From lying down,.....	Ars.....	Con.....	Ipec.....	Nux.....	Phos.....	Puls.....
From vapor of sulphur, as if,.....	Ars.....					Puls.....
From tickling in trachea,.....	Ars.....	Bell.....	Nux.....	Puls.....		
With choking,.....	Ars.....	Bell.....	Dros.....	Ipec.....		
With constriction of chest,.....	Ars.....	Dros.....	Phos.....	Puls.....		
With obstructed respiration,.....	Ars.....	Dros.....	Ipec.....	Nux.....	Puls.....	
With oppression of chest,.....	Ars.....	Con.....	Dros.....	Phos.....		
With tightness of chest,.....	Ars.....					Con.....
With pain in abdomen,.....	Ars.....	Bell.....	Con.....	Nux.....	Phos.....	
With soreness of chest,.....	Ars.....			Phos.....	Puls.....	
Worse at night,.....	Ars.....	Bell.....	Con.....	Dros.....	Ipec.....	Nux.....
						Phos.....
						Puls.....

BELLADONNA.—The dry cough of Belladonna is caused by irritation, having a strong tendency to acute or sub-acute, inflammation. In many cases the vascular excitement is but secondary. The irritation and inflammation are generally seated in the phlegmonous tissues. The cough is more paroxysmal than continued, is usually hoarse, or barking, or hollow, and, especially at night, is spasmodic. It usually arises from itching, tickling or other symptoms pointing to irritation of larynx or trachea, and as coughing only increases the irritation, the cough becomes spasmodically worse with each act, so that often scarce time is allowed for respiration. It is occasionally accompanied by rattling of mucus in the chest. Its exacerbations are principally at night, spasmodic and violent, awaking from sleep, and almost invariably referred to tickling in the larynx.

Analysis.

Violent,.....	Bell.....	Con.....	Ipec.....	Lach.....	Merc.....	Phos.....	Puls.....
Suffocating,.....	Bell.....	Con.....	Ipec.....	Lach.....	Nux.....	Acon.....	
Spasmodic,.....	Bell.....	Con.....	IPEC.....	Lach.....	Merc.....	Nux.....	Phos..... Puls..... Acon.....
Shaking,.....	Bell.....	Ipec.....	Lach.....	MERC.....	Nux.....	Phos.....	PULS.....
Rattling,.....	Bell.....		Ipec.....		Nux.....		Puls.....
Whooping,.....	Bell.....	CON.....	IPEC.....	Lach.....	Merc.....	Nux.....	Puls..... Acon.....
Hollow,	Bell.....				Merc.....	Nux.....	Phos.....
From irritation in chest,.....	Bell.....				Merc.....	Phos.....	Acon.....
“ “ “ stomach,	Bell.....				Merc.....		Puls.....
“ itching in larynx,.....	Bell.....				Nux.....		Puls.....
“ tickling “ “	Bell.....	IPEC.....	LACH.....	Merc.....	Nux.....	Puls.....	Acon.....
“ movement,	Bell.....			Lach.....			Nux.....
On inspiration,.....	Bell.....			Con.....			Ipec.....
With coryza,.....	Bell.....			Lach.....	Merc.....	Nux.....	Phos.....
“ pain in abdomen,.....	Bell.....			Con.....		Nux.....	Phos.....
“ “ “ head,.....	Bell.....	Con.....	Ipec.....	Merc.....	Nux.....		Phos.....
During sleep,.....	BELL.....			Lach.....			Merc.....
After midnight,.....	Bell.....			Merc.....		Nux.....	Acon.....
Worse in evening,.....	Bell.....	Ipec.....	Lach.....	Merc.....	Nux.....	Phos.....	Puls..... Acon.....
“ “ “ night,.....	Bell.....	Con.....	Ipec.....	Lach.....	Merc.....	Nux.....	Phos..... Puls..... Acon.....

BRYONIA.—The peculiar action of Bryonia upon the respiratory system is partly nervous and partly vascular, affecting primarily the peripheral nerves and capillary vessels. Hence its truly characteristic phenomena are midway between nervous irritation and inflammation. Its dry cough is mostly excited by a tickling in the throat, and especially in the chest. The larynx is not much disturbed, though there is occasional hoarseness. The tracheal and bronchial irritation is usually continued, and the cough may be excited by a sensation as of vapor or smoke, and instead of hacking, is apt to become suffocative, as from lack of air. Bryonia is best suited to the peculiar coughs of dry nervous, irritable persons. Its distinctive dry cough is hard, spasmodic and painful, frequently causing severe shocks in the head and chest, seeming as if they would burst them in pieces. It sometimes seems to commence in the stomach, and is often accompanied by retching, or excited by the nausea, and the chest feels as if lined with mucus, detachable with difficulty. It is usually worse after midnight, after eating or drinking, and on entering a warm room from the cold air. The pains are stitching, in the sternum or sides; or soreness in the pit of the stomach; or pressing and bursting in the head.

When the question is doubtful between Aconite and Belladonna,

or Phosphorus, Bryonia will often fill the gap, and especially when bilious, rheumatic, gastric or intestinal disturbances are present. In sympathetic coughs it deserves the first attention.

Analysis.

Violent,.....	Bry.....	Bell.....	China.....	Con.....	Dros.....	Merc.
Suffocating,	Bry.....	Bell.....	China.....	Con.....	Dros.	
Spasmodic,	Bry.....	Bell.....	China.....	Con.....	Dros.....	Merc.
“ after eating or drinking,.....	Bry.....					China.
“ in afternoon and night,.....	Bry.....					Bell.
As from vapor of sulphur,.....	Bry.....					China.
“ “ irritation in larynx,.....	Bry.....				Dros.....	Merc.
“ “ “ stomach,.....	Bry.....			Bell.....		Merc.
“ “ “ throat,.....	Bry.....		China.....		Dros.....	Merc.
With pain in chest.....	Bry.....		China.....	Con.....		Merc.
Worse in morning,.....	Bry.....			Bell.....		China.

CALCAREA CARBONICA.—Calcarea is mild and slow in its action ; it undermines rather than carries by storm, and is more suitable for chronic diseases than for acute. It is essentially a dyscrasic remedy, acting primarily upon the vegetative sphere, thickening the secretions, and altering their characters. It is most efficient in scrofulous lymphatic constitutions, in those of lax, tender fibre, and in the young. Its effects upon the respiratory passages are slow in developing themselves, but persistent after development. The secretions are thickened and become tenacious, and are frequently expelled with difficulty. Its dry cough is short and hacking, coming on at intervals, and mostly in the day and evening ; or violent and convulsive, becoming spasmodic toward evening, and frequently not disturbing the patient at all during the night. It is most frequently caused by irritation in the throat, or in the bronchial ramifications, with sensation of something which must be dislodged ; sensation of dust in the larynx and trachea. Painless hoarseness frequently accompanies it, and a sensation of roughness in the larynx, or of a plug in the throat, or of mucus in the chest. Its principal aggravation seems to be in the evening, or early in the morning.

Analysis.

Short and hacking,.....	Calc.....	Alum.....	Am. c.....	Arn.....	Lycop.
Violent,	Calc.....	Alum.....	Am. c.....	Lycop.....	Stann.
Spasmodic in evening,.....	Calc.....				
During the day only,.....	Calc.....	Alum.....	Am. c.....	Lycop.....	Stann.

As from down in throat,.....	Calc.....	Am. c.
" " irritation in larynx,.....	Calc.....	Alum..... Arn.
" " tickling " "	Calc.....	Lycop.
After eating,.....	Calc.....	
With pain in head,.....	Calc.....	Alum..... Arn..... Lycop..
" exorication in chest,.....	Calc.....	Am. c..... Arn..... Lycop..... Stann.
" soreness " "	Calc.....	Am. c..... Lycop..... Stann.
" vomiting,	Calc.....	Alum..... Arn.
During sleep,.....	Calc.....	Arn.

CAPSICUM.—The action of Capsicum seems to be more peripherae than central, hence its cough is seldom or never indicative of extensive disease of the respiratory organs. It seldom affects the parenchyma of the lungs, but its action is confined to the larynx and ramifications of the bronchi. There may be hoarseness from irritation or inflammation of the larynx, with a short hacking, or barking, continued cough. It is excited by a tingling or tickling in the larynx, or upper portion of the trachea, or occasionally by stitches, not removed by coughing. In the commencing and chronic coughs of bronchitis and laryngitis it is frequently indispensable. The aggravation commences in the afternoon, and continues through the evening, and after lying down. It is frequently accompanied by a headache, by a sticking pain in the side of the chest, going through to the back, or extending to the neck, or by sudden pains in one limb during every act of coughing, or it excites an inclination to vomit, or produces vomiting, or there are pains and aching in the ear and throat during the act of coughing, as if an ulcer would open.

Analysis.

Short and hacking,.....	Caps.....	Arnica.....	Nat. m.....	Nitri.....	ac.....	Sepia.....	Verat.
Hoarse or barking,.....	Caps.....	Nat. m.....	Nitri ac.....	Sepia.....	Verat.		
From tickling in trachea,.....	Caps.....	Arnica.....	Nat. m.....	Sepia.....			
With pain in head,.....	Caps.....	Arnica.....	Nat. m.....	Nitri ac.....	Sepia.....	Verat.	
" nausea,.....	Caps.....	Nat. m.....	Sepia.....				
" vomiting,.....	Caps.....	Arnica.....	Nat. m.....	Nitri ac.....	Sepia.....	Verat.	
Worse in evening,.....	Caps.....	Nat. m.....	Nitri ac.....	Sepia.....			

CARBO VEGETABILIS.—The circulatory system shows the most decided effects from the action of Carbo; the arterial system being deadened, and almost paralyzed, while the venous is congested and plethoric. It is powerfully depressive to the whole vegetative sphere, and through it leaving no organ or part untouched. In its

curative powers it is best adapted to individuals of venous, bilious, or scrofulous constitutions, or those who suffer from morbidity of the vegetative organs, or have been weakened by an excessive loss of animal fluids. The chest symptoms evidence venous congestion and inflammation, with morbid, degenerating secretions, the larynx also participating, hence sensations of roughness, rawness, excoriation and burning. There is much hoarseness, evening and morning principally, sometimes coming on suddenly, and accompanied by asthma. The dry cough is short, spasmodic, and often so vehement as to cause retching and vomiting; or is short, irritating and hacking from irritation, or sense of roughness in the larynx or chest; or dry and rough, after every expiration; or violent, or deep and painful. Its causes are sensations of dryness, roughness, tingling, itching in the larynx, or frequent irritation in the back part of the throat, or dryness in chest, or on lying down, or after expiration. The slightest cold often brings on the cough in those to whose constitution this remedy is adapted. Its accompaniments are burning, and sense of excoriation in the chest; catarrh, with wheezing breathing and tightness of chest; flushes of warmth and sweat; occasionally retching and vomiting; painful stitches through the head; pain in the larynx, and region of thyroid cartilage; and loss of voice. Its principal aggravation is in the evening, the secondary in the morning. It occurs also after every copious meal, and occasionally in the night.

Analysis.

Short and hacking, Carb. v. Acon.	Ars.	Hep.	Lach.	Merc.	Nux.	Phos.	Sep.	Sulph.
Wheezing, Carb. v. Acon.						Phos.	Puls.	
Spasmodic, Carb. v. Acon.		Hep.	Lach.	Merc.	Nux.	Phos.	Puls.	Sep. Sulph.
Rough, Carb. v. Acon.				Merc.	Nux.		Sep.	
Racking, Carb. v.	Ars.		Lach.	Merc.	Nux.	Phos.	Puls.	Sulph.
Whooping, Carb. v. Acon.	Ars.	Hep.	Lach.	Merc.	Nux.		Puls.	Sep. Sulph.
Hollow, Carb. v.				Merc.	Nux.	Phos.		
Hoarse, Carb. v. Acon.		Hep.		Merc.	Nux.		Puls.	
Deep, Carb. v.	Ars.	Hep.	Lach.					
From a chill, Carb. v. Acon.		Hep.					Sep.	Sulph.
“ cold air, Carb. v.			Lach.			Phos.		
“ “ weather, Carb. v.	Ars.		Lach.					
“ drinking, Carb. v. Acon.	Ars.	Hep.	Lach.			Phos.		
“ irritation in throat, Carb. v. Acon.		Hep.		Merc.				
“ vapor of sulphur, as if, Carb. v.	Ars.		Lach.			Puls.		
“ tickling in larynx, Carb. v. Acon.			Lach.	Merc.	Nux.	Puls.	Sep.	Sulph.

CHAMOMILLA.—To those of a venous constitution, delicate organization, with extreme sensitiveness to pain, and external impressions, and with a sense of weakness without weariness Chamomilla is best adapted. Its dry cough is occasional, with wheezing, whizzing, or subdued rattling in the chest or trachea, constant tickling under the sternum, excited by tracheal or bronchial irritation. The cough is principally during sleep, when it may become suffocative from a sense of constriction in the larynx and trachea. The larynx seems but secondarily affected, though there is sometimes a sense of burning, and tenacious mucus in it which excites cough. It is of use in sympathetic coughs, and the usual dry coughs of children. When caused by tenacious mucus the cough is paroxysmal, and continues so till the mucus is thrown off. The cough is frequently excited by moral emotions, and is sometimes accompanied by evening fever; or restlessness, with crying, especially in children.

Suffocative at night, Cham.....	China. Nat. m.....	Sepia.
Rough and hoarse, Cham.....	Nat. m.....	Sepia.
From a chill, Cham.....		Sepia.
“ tickling in trachea, Cham. Arnica. China. Nat. m.....		Sepia.
“ talking, Cham.....	China.....	
During sleep, Cham. Arnica.....		Sepia.
Worse at night, Cham. Arnica.....		

HEPAR SULPHURIS CALCAREUM.—Hepar sulphur manifests its power most decidedly in persons of a lymphatic or psoric cachexia, or in those having diseases of the reproductive system. Its action produces laxity of fibre, not like Phosphorus destroying the fibrin, but causing a tendency to lymph effusions. The cerebro-spinal system is particularly affected, especially those nerves distributed to mucous and cutaneous surfaces, whence the slightest chill pro-

duces colds and coughs. In the respiratory system the larynx and trachea are more decidedly affected, inflammation and effusion of coagulable lymph taking place. The cough is usually hard, violent and painful, or rough and hollow-sounding, attended with hoarseness of voice, or aphonia, and usually less or more dyspnoea, the breathing being hoarse, wheezing, or suffocative according to the degree of the laryngeal inflammation, or the cough is deep and hollow, from oppression of the chest with soreness; or paroxysmal and suffocative with retching; or continued and hacking, from titillation and irritation of the upper part of the trachea; or paroxysms of short, hard cough in the evening. Accompaniments are a seated pain in one spot in the larynx; frequent deep and anxious breathing, sometimes suffocative; stitches and sticking pains in the chest; headache through the whole head from the violence of the cough; and rapid sinking of the strength, seemingly from the labored respiration. Aggravations principally occur in the evening, or from a draft of cold air, or from cold air striking the uncovered body, from walking, talking, pressure on the larynx, and—in the short hacking cough—after a meal. Hence it is valuable in croupy coughs, and in croup, alternately with spongia; in bronchitis, with rattling of mucus in the chest; in chronic laryngeal coughs having their origin in reperculated psora; and occasionally in phthisis.

Analysis.

Violent, Hep.....	Carb. v.	Cina.	Lach.	Merc.	N.....	Puls.....	Verat.
Suffocative, Hep. Acon.	Carb. v.....	Lach.....	Nux.....	Samb.....	Verat.		
Spasmodic, Hep. Acon.	Carb. v.	Cina.	Lach.	Merc.	Nux.	Puls.	SAMB.....
Whooping, Hep. Acon.	Carb. v.	Cina.	Lach.	Merc.	Nux.	Puls.	Samb.....
Hoarse, Hep. Acon.	Carb. v.	Cina.....	Merc.	Nux.....	Puls.....	Samb.	Spong. Verat.
Deep, Hep.....	Carb. v.....	Lach.....	Samb.	Spong.	Verat.		
From lying down, Hep.....	Lach.....	Merc.....	Nux.....	Puls.....			
“ a chill, Hep. Acon.	CARB. v.....						
“ talking, Hep.....	Lach.	Merc.....					
“ irritation in larynx, Hep. Acon.....		Merc.....					
“ “ “ trachea, Hep. Acon.	Carb. v.....	Merc.....	Spong.....				
With obstructed respiration, Hep.....		Nux.	Puls.	Spong.	Verat.		
“ soreness of chest, Hep. Acon.	CARB. v.	Cina.	Lach.	Merc.....	Puls.....		
“ nausea, Hepar.....	Merc.....	Puls.....					
“ pain in larynx, Hep. Acon.	Carb. v.....	Lach.....	Nux.....				
“ bursting pain in head, Hep.....	Merc.....	Nux.....					
“ fever, Hep.....	Acon.....	Samb.....					
“ anguish, Hep. Acon.....	Cina.....	Puls.	Samb.	Spong.	Verat.		
after eating, Hep.....	Carb. v.....	Lach.....	Nux.....	Puls.....			

Worse in evening, *Hep. Carb. v. Cina. Lach. Merc. Nux. Puls.....Spong.....*
 “ “ night, *Hep. Acon. Carb. v.....Lach. Merc...Nux...Puls.....Spong. Verat.*

HYOSCYAMUS.—The entire characteristics of Hyoscyamus are those of disordered nervous action, affecting the vascular system secondarily. Hence in high grades of inflammation it is never indicated, but is often useful in low typhoid states, typho-pneumonia, and typhoid fever attended with its peculiar cough. This cough is almost invariably dry, spasmodic, and paroxysmal, seeming to be brought on by lying down, whether by day or night. It is always worse at night, appearing to increase as the night wanes. It is relieved by sitting up in bed. Hence in the nocturnal cough of consumptives it is frequently of great assistance palliatively, and in all nervous or hectic coughs worse from recumbency. It is often of service in bronchitis, but is seldom indicated in pneumonia. The cough is caused by dryness, or burning dryness in the larynx, or by a sensation in the trachea of something which cannot be detached. Its pains are principally of a pressive, or constrictive character, and are felt in the larynx, or across the chest. Soreness of the abdominal muscles is a frequent accompaniment.

Analysis.

Wheezing, *Hyos. Bell. Con. Ipec.....Phos. Puls.....*
 Spasmodic, *Hyos.....Bell.....Con. IPEC. Lach. Merc. Nux. Phos. Puls.....Sulph.*
 “ at night, *Hyos.....Bell.....Phos.....Puls.....*
 Racking, *Hyos. Ars.....Con.....Ipec.....LACH...Merc...Nux...Phos...Puls.....Sulph.*
 Whooping, *Hyos...Ars...Bell...Con...IPEC...Lach...Merc...Nux.....Puls.. ..Sulph.*
 From lying down, *Hyos...Ars Con...Ipec Lach...Merc. Nux...Phos. Puls.....Sulph.*
 “ tickling in trachea, *Hyos.....Ars.....Nux.....Puls.....*
 With soreness of abdomen, *Hyos.....Ars.....*
 “ vomiting, *Hyos.....Ipec.....Lach.....Merc.....Nux.....Phos.....Puls...Sulph.*
 Worse at night, *Hyos. Ars. Bell. Con. Ipec. Lach. Merc. Nux. Phos. Puls. SULPH.*
 “ after midnight, *Hyos.....Bell.....Merc.....Nux.....*

IGNATIA.—There is a peculiar character of intermittency marking the action of Ignatia, which is not observable in other remedies. It is strictly a nervous intermittency, pervading the whole of its pathogenesis. Its action like that of Capsicum—seems peripheral. Its heat is external, with little or none internally, and in the hot stage of the Ignatia fever there is little or no thirst. Hence it is only in the nervous states of the respiratory organs, and not the inflammatory, in which it is of real service. Its cough is short, hacking, and irritative, increased by continuance, or spasmodic, or

concussive, as if from feather particles in the throat, which one is desirous to remove, or as if from vapor of sulphur, exciting constriction in the pit of the throat. The cough is sometimes hollow, in which case it arises from a sensation of tickling just above the pit of the stomach, or low in the chest. Fluent coryza is a frequent accompaniment. The cough seems aggravated by any new motion, as by eating, by lying down, or on rising in the morning; or by new nervous impressions. There is often pressure of the chest, with sensation of a load, making inspiration difficult, and expiration easy. The accompanying pains are mostly pressive or constrictive, and are felt in the chest or pit of the throat.

Analysis.

Violent, Ign.....	Carb. v.....	China.....	Lach.....	Lyc.....	Merc...	Nux...	Phos.....	Puls.
Spasmodic, Ign.....	Carb. v. CHINA.....	Lach.....	Lyc.....	Merc...	Nux.....	Phos.....	Puls.	
Racking, Ign.....	Carb. v. China.....	LACH.....	Merc...	Nux.....	Phos.....	Puls.		
Rough, Ign. Carb. v.....	Lyc.....	Merc.....	Nux.....					
Hollow, Ign.....	Carb. v.....	Merc.....	Nux.....	Phos.....				
Hoarse, Ign.....	Carb. v.....	Lyc.....	Merc.....	Nux.....	Puls.			
From irritation in larynx, Ign.....	Merc.....	Phos.....						
“ vapor of sulph, Ign.....	Carb. v.....	China.....	Lach.....	Lyc.....	Puls.			
With coryza, Ign.....	Lach.....	Lyc.....	Merc.....	Nux.....	Phos.....			
Worse in morning, Ign.....	China.....	Lyc.....	Nux.....					

NUX VOMICA.—The nervous system alone is affected by Nux vomica, both the cerebro-spinal and ganglionic. Hence we have nervous symptoms of the larynx, and of the bronchi, and their ramifications. No acute inflammation exists, but usually a sensation of dry swelling like catarrh, causing a sensation of narrowing, or oppression of the larynx, or in the bronchi, of tightness, huskiness, and oppression of the chest. The nasal mucous membrane usually participates in this dry swelling, and to use common parlance, the nose is stuffed, and the head feels oppressed and heavy. A dull headache is not an unfrequent accompaniment, and a dry hacking and fatiguing cough. For this group, the usual commencement of a severe bronchial catarrh, Nux is a specific, or there may be a hard, continuous, dry cough, or a short irritative nervous cough, excited by tickling in the larynx, or by sensation of roughness and scraping in the chest; less seldom there is a spasmodic cough inducing retching, or with actual vomiting, or with danger of suffocation, like whooping cough. The hardness, or the violence of the cough frequently occasions a bruised pain at the epigastrium;

or a headache, as if the cranium would burst; an acrid sensation in the throat. Tightness of the chest with painful pressure across it, with dyspnœa, are characteristic accompaniments. The cough sometimes commences at midnight and increases till day-break, and then either continues its violence during the morning, or decreases gradually. It is aggravated by mental exertion, by moving the body, and after a meal. The suffocative paroxysms and dyspnœa come on toward morning. The pains are aching, pressive, scraping, or itching in the larynx and chest, bursting and pressive in the head; bruised and sore in the epigastrium and abdomen.

Analysis.

Short and hacking, <i>Nux...</i>	<i>Arn.....</i>	<i>Bell...</i>	<i>Carb. v.....</i>	<i>Lach....</i>	<i>Merc.....</i>	<i>Phos.....</i>	<i>Puls.</i>
Spasmodic, <i>Nux.....</i>	<i>Bell...</i>	<i>Bry..</i>	<i>Carb. v. Ipec.....</i>	<i>Lach.....</i>	<i>Merc.....</i>	<i>Phos.....</i>	<i>Puls.</i>
Shaking, <i>Nux.....</i>	<i>Bell.....</i>	<i>Ipec.....</i>	<i>Lach.....</i>	<i>Merc.....</i>	<i>Phos.....</i>	<i>Puls.</i>	<i>Puls.</i>
Racking, <i>Nux.....</i>	<i>Carb. v. ...</i>	<i>Ipec.....</i>	<i>Lach.....</i>	<i>Merc.....</i>	<i>Phos.....</i>	<i>Puls.</i>	<i>Puls.</i>
Hollow, <i>Nux.....</i>	<i>Bell.....</i>	<i>Carb. v.....</i>	<i>Merc.....</i>	<i>Phos.....</i>			
Periodical, <i>Nux.....</i>	<i>Bell.....</i>	<i>Ipec.....</i>	<i>Lach.....</i>				
From tickling in throat, <i>Nux.....</i>	<i>Arn.....</i>	<i>Bell.....</i>	<i>Lach.....</i>	<i>Merc.....</i>	<i>Phos.....</i>	<i>Puls.</i>	
“ “ “ larynx, <i>Nux...</i>	<i>Arn.....</i>	<i>Bell...</i>	<i>Carb. v. Ipec....</i>	<i>Lach...</i>	<i>Merc...</i>	<i>Puls.</i>	
“ lying down, <i>Nux.....</i>	<i>Ipec.....</i>	<i>Lach.....</i>	<i>Merc.....</i>	<i>Phos.....</i>	<i>Puls.</i>		
“ movement, <i>Nux.....</i>	<i>Bell.....</i>	<i>Lach.....</i>					
After eating, <i>Nux.....</i>	<i>Bry..</i>	<i>Carb. v.....</i>	<i>Lach.....</i>	<i>Puls.</i>			
“ midnight, <i>Nux.....</i>	<i>Bry.....</i>	<i>Carb. v.....</i>	<i>Merc.....</i>				
In the morning, <i>Nux.....</i>	<i>Arn.....</i>	<i>Bry.....</i>	<i>Carb. v. Ipec...</i>	<i>Lach...</i>	<i>Merc...</i>	<i>Phos...</i>	<i>Puls.</i>
As if head would split, <i>Nux.....</i>	<i>Bry.....</i>	<i>Merc.....</i>	<i>Phos.....</i>				
With pain in larynx, <i>Nux.....</i>	<i>Carb. v.....</i>	<i>Lach.....</i>					
“ coryza, <i>Nux.....</i>	<i>Bell.....</i>	<i>Lach.....</i>	<i>Merc.....</i>	<i>Phos.....</i>			
“ vomiting, <i>Nux.....</i>	<i>Arn...</i>	<i>Bry....</i>	<i>Carb. v.....</i>	<i>Ipec...</i>	<i>Lach...</i>	<i>Merc...</i>	<i>Phos...</i>

PHOSPHORUS.—The primary action of phosphorus is undoubtedly upon the nervous system, implicating the vascular by its reflex action. Its prolonged action results in depression, threatening paralysis, and sudden and rapid sinking, with small, and frequent pulse. The breathing becomes oppressed and labored, with evident congestion of the lungs, dulness on percussion, with copious sputa, mucous mixed with blood, and sometimes with offensively smelling pus. The secretions are all increased. Its true dry cough is one which, in its pathological result, would tend to just this state of things. It is an irritative, violent, hacking, hard, or loose cough; or hoarse and hollow; or panting and fatiguing, almost always arising from a sensation of roughness, or rawness of the larynx, trachea or chest; whence irritation, tickling,

and sometimes burning. These sensations are the results of a less or greater degree of inflammation of some portion of the respiratory organs, accompanying these is oppression of the chest, with suffocative attacks occasionally; or tight and crampy feeling; or stitches, especially in the right side, often seeming to proceed from within the chest outwardly; frequently severe headache, brought on apparently, and much aggravated by the cough; soreness of chest to the touch. The cough is generally aggravated early in the morning, or in the afternoon and evening.

It is seldom of use in sympathetic coughs.

Analysis.

Violent, <i>Phos</i>	<i>Ars</i>	<i>Bell</i>	<i>Carb. v</i>	<i>Dros</i>	<i>Lyc</i>	<i>Merc</i> .
Shaking, <i>Phos</i>	<i>Ars</i>	<i>Bell</i>		<i>Lyc</i>		<i>Merc</i> .
From irritation in chest, <i>Phos</i>		<i>Bell</i>		<i>Dros</i>		<i>Merc</i> .
“ “ “ larynx, <i>Phos</i>				<i>Dros</i>		<i>Merc</i> .
“ lying down, <i>Phos</i>	<i>Ars</i>					<i>Merc</i> .
“ tickling in throat <i>Phos</i>				<i>Lyc</i>		<i>Merc</i> .
“ cold air, <i>Phos</i>			<i>Carb. v</i>			
With excoriation of chest, <i>Phos</i>			<i>CARB. v</i>		<i>Lyc</i>	<i>Merc</i> .
“ soreness “ “ <i>Phos</i>	<i>Ars</i>		<i>CARB. v</i>		<i>Lyc</i>	<i>Merc</i> .
“ stitching in “ <i>Phos</i>	<i>Ars</i>	<i>Bell</i>	<i>Carb. v</i>	<i>Dros</i>		<i>Merc</i> .
“ “ “ larynx, <i>Phos</i>			<i>Carb. v</i>			
“ oppression of chest, <i>Phos</i>	<i>Ars</i>			<i>Dros</i>		
“ vomiting, <i>Phos</i>			<i>CARB. v</i>	<i>Dros</i>		<i>Merc</i> .
During the day only, <i>Phos</i>				<i>Lyc</i>		<i>Merc</i> .
Worse in evening, <i>Phos</i>	<i>Ars</i>	<i>Bell</i>	<i>Carb. v</i>	<i>Dros</i>	<i>Lyc</i>	<i>Merc</i> .

RHUS TOXICODENDRON.—Excitation of the capillary system and inflammation of the phlegmonous tissues are characteristic results of the action of *Rhus*. Hence it shows its first effect upon cutaneous and mucous surfaces, and is more indicated in their erysipelatous inflammations, than their venous. Especially is this true of its pneumonic effects. Its symptoms are mostly those of the chest and lower trachea, the larynx and upper portion of the trachea seeming to be but secondarily affected. The cough is short and hacking, from roughness of the trachea; or anxious and painful, with dyspnœa from sense of constriction in throat pit, (also *Rumex crispus*,); or violent and hard, racking the chest and whole body as if every thing were loose. Its aggravations are principally in the evening and before midnight, from inconvenient positions, on first moving, or in the morning after waking. It is excited by sensation

of roughness or rawness in trachea, or chest, or of dryness; or of constriction of chest or trachea. It is accompanied by dyspnœa; by hoarseness which seems low in the trachea; by universal sweat; by sensation of hot vapor ascending from the lungs, or of coldness in the trachea during expiration, as if the breath were cold; by concussive headache produced by the cough; by stitches in the left side of the chest, or by contractive sensations in the sternum; and anxious oppression.

Analysis.

Short and hacking, Rhus.....	Ars.....	Lach.....	Merc.....	Nux.....	Phos.....	Sulph.
Shaking or racking, Rhus....	Ars....	LACH....	MERC....	NUX....	Phos...	PULS....Sulph.
From cold weather, Rhus.....	Ars.....					
“ dryness in throat, Rhus.....	Lach.....	Merc.....	Nux.....	Puls.....		Sulph.
“ tickling in chest, Rhus.....	Lach.....		Phos.....	Puls.....		Sulph.
With anguish, Rhus.....				Puls.....		
“ constriction in chest, Rhus.....	Ars.....	Lach.....				Sulph.
“ oppression “ “ Rhus.....	Ars.....		Phos.....			
“ pain “ “ Rhus.....	Merc.....		Phos.....	Puls.....		
“ tightness “ “ Rhus.....	Ars.....	Lach.....				Sulph.
“ pain in head, Rhus.....	Merc.....	Nux.....	Phos.....			Sulph.
“ coryza, Rhus.....	Lach.....	Merc.....	Nux.....	Phos.....	Puls.....	Sulph.
Worse in evening, Rhus.....	Lach.....	Merc.....	Nux...	Phos.....	Puls.....	Sulph.
“ “ night, Rhus.....	Ars.....	Lach.....	Merc...	Nux...	Phos.....	PULS.....SULPH.

These remedies are the polychrests for dry cough, and in the majority of cases none other will be needed. There are, however, forms of cough with little or no expectoration which have been left as sequela of various diseases, or which themselves constitute the most troublesome feature of disease. These may require other remedies than those indicated, and the following groups will be found to contain the majority of them. They are much more frequently used for coughs with expectoration.

The remedies of the First Group have a striking resemblance to each other in their mode of attacking the organism, and in their subsequent development. They all manifest themselves in the vegetative sphere, either primarily, or consentaneously with their other manifestations. Their effect upon the respiratory organs is to produce a violent, spasmodic cough, accompanied with a peculiar sound as heard in whooping cough, or with wheezing in the bronchi, the cough being somewhat loose; or a paroxysmal cough, producing suffocation, with pain in the chest, and anguish. External causes

seldom effect the cough much, but occasionally every breath seems to make it more and more violent. It is often brought on by a sense of tickling in the throat, or of irritation there; or from drinking; or swallowing any irritating substance. It is seldom accompanied by fever, but there may be pain or stitching in the chest, and vomiting. From the symptoms it will be seen that whooping, hysterical, and asthmatic coughs are peculiarly indicated by these remedies.

Analysis.

Short and hacking, China.....	Con.....	DROS.....	Lyc.....	Verat.			
Violent, China.....	Cina.....	Con.....	Cup.....	DROS.....	Lyc.....	Verat.	
Wheezing, CHINA.....	Cina.....	Con.....	Cup.....	DROS.....	Lyc.....	SAMB.....	Verat.
Suffocating, China.....	Con.....	CUP.....	DROS.....	SAMB.....	Verat.		
Spasmodic, CHINA.....	Cina.....	Con.....	CUP.....	DROS.....	Lyc.....	SAMB.....	Verat.
Shaking, China.....	Lyc.....	Verat.					
Loose, China.....	Cina.....	Con.....	Verat.				
Whooping, China.....	Cina.....	CON.....	Cup.....	DROS.....	Samb.....	Verat.	
Hollow, Cina.....	Samb.....	Verat.					
Hoarse, Cina.....	Lyc.....	Samb.....	Verat.				
Deep, Dros.....	Samb.....	Verat.					
With anguish, Cina.....	Cup.....	DROS.....	Samb.....	Verat.			
“ fever, Con.....	Lyc.....	Verat.					
“ obstructed respiration, Cup.....	DROS.....	Verat.					
“ oppression of chest, Con.....	DROS.....	Verat.					
“ pain in chest, China.....	Cina.....	Con.....	Lyc.....	Samb.....	Verat.		
“ stitching in chest, China.....	Con.....	DROS.....	Verat.				
“ vomiting, DROS.....	Verat.						
From drinking, China.....	DROS.....	Lyc.....	Verat.				
“ inspiration, China.....	Con.....	Cup.....	Lyc.....	Verat.			
“ tickling in throat, China.....	Con.....	DROS.....	Lyc.....	Samb.....	Verat.		
Worse in morning, China.....	Cina.....	Lyc.....	Verat.				
“ “ evening, Cina.....	Cup.....	DROS.....	Lyc.....	Verat.			
“ “ night, China.....	Con.....	DROS.....	Verat.				

SECOND GROUP.—The action of the remedies belonging to this group is very similar to those of the first group; they all affect the vegetative sphere, dyscrasic coughs, or those arising from repercussed exanthemata, or connected with cutaneous diseases, are those to which they are best adapted. The cough is short and hacking, or suffocative and spasmodic, arising principally from tickling in the throat and trachea, and is usually accompanied by chest symptoms, not indicating inflammatory actions. Its aggravation is mostly in the evening.

Analysis.

Short and hacking, Bar. c.....	Nat. m.....	Nitri ac.....	Sepia.
Violent, <i>Petrol</i>			Sepia.
Suffocative, Bar. c.....	Nat. m.....	<i>Petrol</i>	Sepia.
Spasmodic, <i>Nat. m</i>	Nitri ac.....		Sepia.
Rough, <i>Nat. m</i>	Nitri ac.....		Sepia.
Whooping,.....	Nitri ac.....		Sepia.
Hoarse,.....	Nat. m.....	Nitri ac.....	<i>Petrol</i>
On inspiration,.....	Nat. m.....	Nitri ac.....	
From tickling in throat,.....	Bar. c.....	Nat. m.....	<i>Petrol</i>
“ “ “ trachea,.....	Bar. c.....	Nat. m.....	Sepia.
“ lying down,.....	Nitri ac.....	<i>Petrol</i>	Sepia.
With coryza,.....	Bar. c.....	Nitri ac.....	Sepia.
“ dryness in chest,.....	Bar. c.....	Nat. m.....	
“ pain in “	Nat. m.....		Sepia.
“ excoriation “	Nitri ac.....		Sepia.
“ stitching “	Nat. m.....	Nitri ac.....	Sepia.
“ soreness of “	Bar. c.....	Nitri ac.....	Sepia.
“ nausea,.....	<i>Petrol</i>		Sepia.
“ vomiting,.....	Nat. m.....	Nitri ac.....	Sepia.
“ pain in head,.....	Nat. m.....	Nitri ac.....	Sepia.
Worse in evening,.....	Bar. c.....	Nat. m.....	Nitri ac.....
		<i>Petrol</i>	SEPIA.

ON HYSTERIA IN THE MARE, WITH ILLUSTRATIVE CASES.

BY W. HATCOCK, V. S., AND M.R.C.V.S., ETC.

CASE I.

JUNE 27, 1849.—I was requested, about 12 o'clock, A. M., to attend upon a mare, the property of John Mallinson, Esq., late of Thick Hollins, Meltham, near Huddersfield.

HISTORY, &c.—The mare I am requested to see is of a bright bay colour, 6 years of age, thorough bred, and stands 15 hands 2½ inches in height. She is of a nervous temperament, and highly excitable; her labour in a general way is not severe. She is showy in her actions, and one that perspires very readily. She is so extremely excitable that the mere act of saddling her at any time will increase her respiration, and cause her to frequently dung and urinate. She performs her labour at first with great spirit; but, after being ridden for a few miles, her appetite in consequence

becomes impaired, and general depression of the system ensues. During the last six or seven days the mare has not been out of the stable. This morning the groom put her into harness, and drove her from his master's residence into this town, a distance of about five miles. She was driven slowly, but she was very excitable on the road, and perspired profusely. When near the town she manifested symptoms of abdominal pain, and faltered a little in her gait. With some difficulty she was got into a loose box, and my attendance was immediately sought.

PRESENT SYMPTOMS.

1. The mare is laid fully extended upon her right side; the surface of the body generally is hot, and she is covered with a steaming perspiration.

2. Every now and then she struggles violently, and dashes her head wildly about.

3. Pulse 62, and respiration 63, per minute.

4. Occasionally she strains with great violence, as though she would force the bowels out; and during the act of straining she voids large quantities of dark coffee-coloured urine.

5. The gluteal muscles of both hind quarters are in a tetanic state of hardness; the same with the muscles of the back.

6. Sometimes she will turn her nose towards her left side, and regard it for a few moments with a look of anxiety. She attempts to rise, and she struggles principally with the fore limbs.

TREATMENT—At the time the above case was placed under my care, I was practising for the most part upon the old system, so that the mare was treated allopathically. The abdomen was repeatedly fomented with warm water, and medicine of a sedative and antispasmodic character was freely administered. For several hours she lay quiet, comparatively speaking; but in spite of all attempts made use of to produce permanent good, she became worse. She began to struggle more violently than at the commencement; in which state she continued until the day following, when she died a little before eleven o'clock, A. M.

EXAMINATION THREE HOURS AFTER DEATH.

The result of the examination may be stated in a very few words. On removing the skin I found the areolar and aponeurotic tissues

of the back and hind quarters to be filled and surrounded with a serious deposit; but, with this exception, I could not detect the least trace of disease throughout the whole organism. I examined, with the most scrupulous care, the following organs and structures; viz., the thoracic and the abdominal viscera, including the urinary and generative organs. Also the brain and the spinal cord. Also the organs of circulation, and the muscular system; and every portion of those various organs and structures was perfectly normal in all respects. The weight of the heart was exactly 6 pounds 6 ounces avoirdupois.

CASE II.

July the 31st, 1849.—I was requested, about 3 o'clock, P. M., to attend upon a mare, the property of Messrs. Reid and Hayley, livery stable keepers in this town.

HISTORY, &c.—The mare I am called to attend is nearly thorough bred, of a bright bay colour, 6 years of age, and stands 15 hands 1 inch in height. She is of a nervous temperament, and highly excitable. Since she came into the possession of the firm (which is about a month ago,) she has only been used upon two or three occasions. She has been kept in a loose box, to improve her general condition and appearance, for the purpose of sale. She was used on the 12th of the present month, and again on the 21st; since which latter date she has not been used at all until to-day, when the son of one of the partners, thinking she would be better with exercise, took her out, and rode her a distance of about three miles. On the road she was very ungovernable; she pranced and jumped about a great deal; and this, together with the heat of the day, caused her to perspire considerably. On returning home, and when about two miles from the town, the rider found a strange difference in her movements. She began to perspire more profusely, and to foam a good deal between the fore and hind limbs. She became sluggish, and faltering in her gait. The rider dismounted, and led the animal to a public-house near at hand, where he had her well scraped and wisped down; after which he led her home. He had no sooner arrived at the stable, but she threw herself down, and began to roll violently, and to strain with great force; at the same time parting with large quantities of dark-coloured urine. At this stage of the malady I was requested to attend.

PRESENT SYMPTOMS.

1. I cannot count the pulse from her uneasy movements; the respirations are 46 per minute.

2. The eyes of the animal have a peculiar bright appearance, and their mucous membranes are highly congested.

3. Patches of perspiration are present upon various parts of the body; viz., over breast, the head, the side, and between the hind limbs.

4. The gluteal muscles are drawn into a lumpy state, and they manifest a strange degree of hardness.

5. The mare trembles violently, particularly over the muscles of the fore limbs and shoulders.

6. She lays herself down; and when down the abdominal muscles, muscles of the back, and hind limbs are powerfully contracted. She strains violently; and, during the act of straining, she ejects urine of a dark coffee colour. The quantity of urine thus thrown out is really surprising.

7. After straining several times, and ejecting urine each time, at intervals of 5 or 6 minutes, she will suddenly attempt to jump upon her feet; and, upon some occasions, after a desperate struggle, she is unable to accomplish her desire. The hind limbs are powerless, or nearly so; and the fetlock joints double under her as she stands.

8. She occasionally turns her head towards her left side, and regards it most anxiously.

9. The respirations frequently vary to a considerable extent. Sometimes she will breathe as low as 26 per minute; then the muscles of the chest become, as it were, suddenly tightened, and the respirations will rise to 48 or 50 in the same time, and be extremely limited in character.

TREATMENT.—The treatment adopted in this case was also allopathic. The mare had given to her large doses of spirits of Ammonia, tincture of Camphor, Belladonna, tincture of Opium, injections, and stimulating embrocations to the spine. The symptoms varied in their character considerably. At one time she would become cool, the excessive sweating would cease, and the pulse fall in the number of its beats per minute. The irritation going on within the urinary organs disappeared in about 6 hours after the commencement, and did not again return. The spasm of the gluteal muscles

however never for a moment relaxed, and the patient soon became perfectly powerless in the hind limbs. She continued until the day but one following, when she became worse, and the owners insisted upon having her destroyed, which I was reluctantly compelled to assent to.

EXAMINATION THREE HOURS AFTER DEATH.

The aponeurotic and areolar tissues in the regions of the lumbar and the gluteal muscles were filled with effused blood and bloody serum. The outer surface of the *uterus* presented a faint pink-like tinge.

THE HEART, within its left ventricle, presented large patches of a dark purple colour. Some of these patches were round, others elongated. The purple stain passed deep into the muscular substance of the organ, but the serous membrane was not at all tender when stripped from its attachments. The weight of the heart was exactly 5 pounds 13 ounces avoirdupois.

THE BLADDER contained about half a pint of dark brown yeasty-looking urine. The mucous membrane of the organ was covered with small blood spots. The substance of the bladder was firm. I carefully examined the brain, spinal cord, digestive organs, and, in short, every structure in the body, but failed to detect the slightest change, save in those parts I have named above.

CASE III.

October the 27th, 1851.—I was requested, about nine o'clock, A. M., to attend upon a mare, the property of Messrs. J. W. and H. Shaw, woollen manufacturers and merchants, in this town.

HISTORY, &c.—The mare in question has been the property of the above-named firm about three months, during which period she has been a very healthy animal. She is about half bred, stands 15 hands 3 inches high, is rising 5 years of age, of a bright bay colour, and is used for teaming purposes. The mare has stood at rest in the stable from Saturday morning until this morning, when she was taken to her usual labour, that of loading coals from a pit, situated about one mile and a half from where she is kept. In travelling to the pit she was observed by the driver to be more lively than usual, and keener of labour; but, when near the pit, she began to stagger

and move about in a very peculiar manner. The driver, however, went forwards, and loaded his cart with coal; and, when near home, in returning, he experienced great difficulty in getting her along. He arrived at the stable about a quarter to nine o'clock, and I was immediately sent for.

PRESENT STATE.

1. Pulse 70 and full.

2. Respirations 15 per minute.

3. Large patches of perspiration are present upon various parts of the skin, upon the sides of the neck, the head, the trunk, and the hind extremities; the perspiration is hot and profuse. This sweating broke out a little before she arrived at the stable.

4. If I cause the animal to turn or move from one side of the stall to the other, she does so with a peculiar kind of unsteadiness; the limbs refuse to act in obedience to the will, she staggers in her movements, and is swayed slightly from side to side.

5. A trembling motion is present amongst the muscles in the region of the femur, and this trembling is not observable in any other part of the body.

6. The gluteal muscles of both hind quarters are excessively hard, but more especially those of the left quarter. They present a degree of hardness which is really surprising; they feel as though I was pressing upon a board.

7. The muscles of the right shoulder are also much harder than they should be.

8. The mare is restless; she presents a peculiar wild look, stares a good deal and bites keenly at the wood work of her stall, a practice to which she is not in the least given when in health.

TREATMENT.—To have Belladonna $^{10}_{1}$ in aquæ $\bar{3}$ ij. then to be wiped down, if possible, until she is perfectly dry.

11 o'clock (2 hours afterwards).—The mare is better. The man could not wipe her dry, but he had covered her with a wollen rug, and she soon afterwards became so. The skin is now completely dry, the wild appearance which I spoke of is better, but the gluteal muscles still retain their rigid hardness. At twelve o'clock, the mare to have Belladonna $^{10}_{3}$ in aquæ $\bar{3}$ ij., and at 5 o'clock, P. M., to have Belladonna $^{5}_{1}$ in aquæ $\bar{3}$ ij. From this time she gradually improved. No other remedy but Belladonna was used; and she

went to her usual labour on the morning of the 29th, perfectly restored.

CASE IV.

April the 20th, 1852.—I was requested, about twelve o'clock, A. M., to attend upon a mare, the property of Mr. J. Oxley, cab proprietor, in this town.

HISTORY, &c.—The mare I am called to is now 6 years of age. She is of a black colour, half bred, and stands about 15 hands 3 inches high. She has been the property of the present owner about six months, during which time she has never suffered from disease. She is used as a cab mare, and the animal is in excellent condition. Three or four days ago she manifested symptoms of being in *use for the horse*. This morning she was driven about a mile and a half out of the town. She was noticed to be more lively than usual at starting. She went well and freely to the place, but when near home, upon her return, she became restless, neighed a good deal, she hung in the breech of the harness, and staggered considerably in her gait. She was got home with some difficulty, and soon afterwards brought to my stables.

PRESENT STATE.

1. The mare is laid upon her right side, with the limbs fully extended.

2. Pulse 70, and somewhat hard, and respirations 25 per minute.

3. She has been straining violently, and has urinated a considerable quantity of urine, of a dark coffee colour.

4. The surface of the body presents several patches of perspiration. These patches are present upon the sides of the neck, upon the shoulders, the body, upon the haunches, and between the hind limbs.

5. I had the animal lifted upon her legs, a feat which was difficult to accomplish. She walks with great exertion; the back is arched, and she trembles; the trembling is considerable amongst the muscles in the region of the patella.

6. The gluteal muscles of both hind quarters are severely cramped. The muscles of the left limb present a very peculiar appearance. They are smaller and elevated, as though out of their place; the

skin is raised as if bolstered underneath; and this smaller mass is excessively hard.

7. The eye presents a most dejected aspect, and its mucous membrane is highly injected. The animal is also very restless and irritable.

TREATMENT.—To have Belladonna $\frac{10}{1}$ in aquæ $\bar{3}$ ij., and this to be repeated every half hour.

3 o'clock P. M.—The restlessness has subsided considerably, and the surface of the body is dry. Pulse 60, and respirations still increased. The hardness of the muscles is much the same, only more diffused; at first the hardness was limited to three or four inches above and below the transverse process of the ilium; now it is extended over the whole of the gluteal muscles. The mare moves better, and she has again urinated a large quantity of the coffee-coloured urine.

To continue the medicine as before.

5 o'clock, P. M.—Much the same; she has just laid her down, and she lies perfectly quiet. The respirations are sometimes greatly hurried, and again become calm; these alternate fits or changes occur about every half hour.

To have Belladonna $\frac{10}{3}$, in aquæ $\bar{3}$ ij.

8 o'clock, P. M.—The mare remains lying; pulse 63, and the respirations of the same variable character as above described. She again perspires, but not profusely so; the hardness of the muscles remains the same; it is the most severe upon the right quarter. Occasionally she is uneasy; and at seven o'clock she made two or three attempts to rise upon her feet, but was unable to do so. The hind limbs, from the joints of the hock to the feet, are very cold. Upon the whole the animal is very patient; the skin, where the perspiration is present, is very hot.

To have Aconite $\frac{5}{10}$, in aquæ $\bar{3}$ ij; to be repeated every hour until a change is deemed necessary.

11 o'clock P. M.—Mare remains lying; pulse 60, and respirations still variable, but not so much so as they were. Matters, I think, are slowly improving. The Aconite has been given every hour, in the quantity specified. She is again a little uneasy; and thinking she might be better upon her feet if able to stand, I placed a number of men to lift at her fore and hind quarters; and, with hard work and a little management, she was got up. The gluteal muscles

remain much as they were, but the skin generally is much cooler. I set three or four men to hand-rub her briskly. She parted with a quantity of urine, resembling barrel grounds, or not unlike a mixture consisting of porter and yeast. Specific gravity of urine, 1.39; and, on applying the usual tests, I found it to contain a large amount of albumen.

To have Belladonna $\frac{5}{1}$, in aquæ $\bar{3}$ ij.; also Aconite $\frac{5}{1}$, in aquæ $\bar{3}$ ij.; to be given alternately every two hours. To have also a change of clothing, and a quantity of fresh straw.

27th, 3 o'clock, A.M.—She is very greatly improved; she walks about the box; the muscles of the hind quarters are relaxing of their hardness: she is becoming lively, and she seems desirous of food. A mash was given to her, which she partook of with great relish. She has just dunged for the first time since she became ill. She has also urinated another large quantity of the brown coloured urine.

To have Mercurius, 2 grains of the first trituration, which was mixed with a little flour, and made into a paste, and wiped upon the tongue, to be repeated every two hours.

9 o'clock, A. M.—She is most wonderfully improved; the hardness of the muscles is diminishing generally; the muscles of the right side still remain the most rigid; pulse 43, and respirations 12 per minute. She walks about the box with the greatest ease, and turns herself round with perfect freedom. She has partaken freely of a mixture of boiled oats and bran; the urine is turbid. Specific gravity 1.25. She has dunged three or four times since three o'clock.

The same medicine is half the quantity, to be given at the same intervals, in the same manner.

5 o'clock, P. M.—The improvement continues steady; the pulse, the appetite, and the respirations are all normal. Another portion of the urine was caught; it still remains thick, but this appearance is fast changing.

To continue the Mercurius as last stated.

28th.—This morning the mare was removed to the stable of her owner. The gluteal muscles were all restored to their normal state. The respiration was normal, and the pulse was 44 per minute, slow, full, and round in its beat. She walked away with the greatest ease, but the appetite was not so good. She will eat mashes, but not hay. A portion of her urine was handed to me; its colour was normal,

being that of a dull lemon-like colour; its specific gravity was 1.20. Upon applying the usual tests for albumen, the liquor remained free from any precipitation.

To have *Nux vomica* $\text{℥} \frac{1}{2}$, in aquæ \mathfrak{z} ij.; a dose to be given morning, noon, and night.

29th.—This morning the mare, to all outward appearance, is just as well as ever. She was taken to a funeral job, and performed it very well. The improvement, however, did not long remain at that time. The mare lost flesh, and lost her vivacity; and, in spite of the most judicious treatment, continued to do so. She had upon various occasions, Iodine, Arsenicum, Sulphur, China, *Carbo vegetabilis*, and other remedies, but only with temporary benefit. At last I ordered her a run at grass, and she was turned out for a month, at the end of which time she came up perfectly restored. The owner put her again to cab work, at which she continued for about four months. She was then purchased by my friend, Dr. Ramsbotham, of this town, and he used her for his carriage for a considerable time, when she was sold into the neighbourhood of Halifax, where I believe she now is, or was until very recently.

CASE V.

Sunday, February the 27th, 1853.—I was requested about two o'clock P.M., to attend upon a mare, the property of Mr. Adam Aldroyd, wholesale and retail grocer in this town.

HISTORY, &c.—The mare I am called to is of an iron grey colour, rising five years of age, well bred, and of a nervous temperament. She is irritable in disposition; and quickly perspires upon very moderate exertion. She has been the property of Mr. Aldroyd for about eight months, during which time she has not suffered from disease. During the last ten or twelve days the weather has been frosty, and much snow has fallen; and for more than a week the mare in question has not been out of the stable. The groom, however, thinking that a little exercise would do her good, led her out to water. She was taken out of the stable at half-past twelve o'clock, and was in the stable again at a quarter before one. She was very lively and playful while out; she reared, kicked, and leaped about most violently; and when near home, at the time she was returning, she suddenly began to falter in her walk, and it was with great diffi-

culty she was got into the stable, and my attendance was soon afterwards requested.

PRESENT STATE.

1. Pulse 48 per minute, and of a strangely oppressed character.
2. Respirations 30 per minute; short, and of a convulsive character.
3. The nostrils are dilated, and the eyes of the animal present a strange wild look.
4. Patches of perspiration exist on various parts of the body; viz., in the region of the neck, the flanks, and between the hind limbs.
5. The right hind limb is powerless, it is held in a flexed position, and it is incapable of bearing the least weight. If she attempts to use it the hind quarters nearly drop to the ground; the limb, in fact, seems as though it was broken.
6. The muscles of the affected limb are not in the least rigid; but the temperature of the quarter altogether is lower than the other.
7. The mare is very fretful, and manifests great alarm at her own state.

TREATMENT, &c.—To have Belladonna $\frac{5}{4}$ ℥, in aquæ $\bar{3}$ ij. to be given immediately, and repeated every half hour. To be covered with a light rug, and to be kept as quiet as possible.

3 o'clock, P. M.—Worse; pulse much the same as before; beating in the same oppressed manner. The mare is literally bathed in perspiration, which is hot and steaming; respirations 40 per minute and of a more convulsive character.

To have Belladonna $\frac{10}{4}$ ℥, in aquæ $\bar{3}$ ij. to be repeated every 15 minutes.

5 o'clock, P. M.—It is really amazing to perceive the change which has taken place in my patient since 3 o'clock. She has ceased to perspire and the respirations have fallen from 40 to 26 per minute; the skin is perfectly dry, and the animal has lost that wild and frightened appearance before spoken of. She is not a quarter so restless, but the right hind limb remains as powerless as ever.

To have Belladonna $\frac{5}{4}$ ℥, in aquæ $\bar{3}$ ij., and this to be repeated in 2 hours.

7 o'clock P. M.—Not so well. She again perspires a little; pulse

72 and full; she is more uneasy. About an hour ago the right hind limb became suddenly right, but the fore limb of the same side became powerless, and remained so for 10 or 15 minutes; then the left hind limb, after which the right became affected as before, and it is now in much the same state as first described. She has partaken freely of bran mash, and the respiration is not much disturbed.

To have Belladonna $\frac{10}{1}$, in aquæ $\bar{3}$ ij.

11 o'clock P.M.—Since 7 o'clock the mare has been twice laid down; she was down for about an hour each time; she is now upon her feet and standing quiet; the right hind limb remains much the same. Pulse 60 and respirations 23 per minute. She is free from perspiration.

Repeat medicine, and to continue it at intervals of every 2 hours until otherwise directed.

28th, 9 o'clock A.M.—The mare has rested well since about 1 o'clock. The man in attendance informs me that she has now been free from perspiration for many hours. A dose of medicine was given to her this morning at 6 o'clock. Pulse 46 per minute, and respiration 11. She is perfectly cool and appears at ease in every respect. The inability to stand upon or use the right hind limb still remains, although I am of opinion that it is stronger than it was last night. It is still maintained in a flexed position, and now and then she endeavours to stand upon it, and failing to do so, it is amusing to witness her astonishment. When the animal is perfectly quiet, I observe frequent twitchings of the muscles of the affected limb; these twitchings have only a momentary existence; the same effect is visible amongst the muscles of the shoulders and fore extremities. Sometimes the act is limited to the panniculus muscle, at other times it is seen amongst the deeper seated muscles.

To have Pulsatilla $\frac{10}{1}$, in aquæ $\bar{3}$ ij. Also Nux vom. $\frac{10}{3}$, in aquæ $\bar{3}$ ij., to be given in alternation every 4 hours. The animal to be fed upon bran mashes, boiled corn, and a portion of good hay.

9 o'clock, P.M.—The mare to-day has steadily progressed for the better, in spite of one or two manifestations to the contrary. Pulse 46 per minute, and respirations 14. From 11 o'clock this forenoon to 3 this afternoon, she appeared to suffer from spasm of the bowels; she occasionally pawed the ground, and also lay down frequently, but when down rested quiet. She has eat very well and dunged

twice; she dunged about 10 o'clock this morning for the first time since the affection set in, and she also urinated for the first time this morning since the attack. To-night she uses the affected limb a little; I have seen her stand upon it several times. The medicine which I prescribed in the morning has been regularly given at the intervals stated. To discontinue all medicine until morning.

March 1st.—My patient is steadily improving; the right hind limb is slowly gaining strength, but is far from well, and strange to say, as the limb improves the muscular twitchings become more frequent and more violent. Appetite good, pulse normal and respirations normal. To continue medicine, and to be given in alternation morning, noon and night.

3d.—All right in every respect; the normal power is fully restored to the right hind limb; the mare is as lively as a kitten. To have a dose or two of Sulphur of the first trituration. Discharged cured.

CASE VI.

Monday, March the 21st, 1853.—I was requested about 8 o'clock, A. M., to attend upon a mare, the property of Mr. John Kirk, building contractor, carpenter, &c., in this town.

HISTORY, &c.—The mare in question is rising 5 years of age; she is half bred; stands 14 hands 2 inches high; and she has always been a very healthy animal. During the last four days she has remained altogether in the stable. This morning Mr. Kirk rode her about a mile from home; at starting she was very gay, but after being out about a quarter of an hour she suddenly began to falter in her movements; she perspired a great deal; became all but incapable of walking; and it was with the greatest difficulty that she was led home, and from thence to my place, which is situated contiguous to the premises of Mr. Kirk.

PRESENT STATE.

1. Pulse 46 per minute and suppressed.
2. Respirations 23 ditto and short.
3. The abdominal muscles are severely cramped.
4. The mare is perspiring excessively; a quantity of foam is present between the hind limbs and under the breast.

5. The hind limbs are moved stiffly; the gluteal muscles are cramped, or in a state of spasm. She also paddles a good deal with the hind feet.

6. The muscles of the right shoulder are also in a state of spasm, but not severely so.

7. She trembles violently; the trembling is confined to the hind limbs and to the right shoulder.

TREATMENT.—To have Belladonna 10 /₁ in aquæ $\bar{3}$ ij., to be repeated every hour.

10 o'clock, A.M.—During the last hour she has stood very quiet; she has ceased to perspire; pulse and respiration much the same. To continue medicine.

11 o'clock.—She is worse; she is lying down, and making desperate efforts to regain her feet; she stands upon her fore feet and sits upon her hind quarters, and in this manner trails herself about the box; the cramp of the gluteal muscles has increased three-fold at least, they have become like a board in hardness; the same with the abductor tibialis muscles of both limbs; the hind quarters are also lower in temperature; pulse 60, and respirations 33 per minute.

To have Cuprum aceticum 10 /₁ in aquæ $\bar{3}$ ij., also Belladonna 5 /₁ in ditto; to be given in alternation every half-hour.

1 o'clock.—Better upon the whole; she has laid very quiet during the last hour; the sweating has ceased, and the spasm generally of the muscles is not so violent; she also moves her hind limbs with more freedom; respirations 16 per minute; pulse as before.

To continue medicine, and to be alternated every hour.

8 o'clock, P.M.—Since the last report the mare upon the whole has gone on very well; she has attempted two or three times to rise upon her feet, but failed to do so; the gluteal muscles are a little softer; pulse 48 per minute, and respirations 13 ditto. Between 6 and 7 o'clock she partook of chilled water, and afterwards of some mash; she is free from sweating; and she lies very composedly; she has not yet dunged or urinated. To continue the medicine in alternate periods of every two hours.

22d, 2 o'clock, A. M.—Still down and unable to rise; the fore limbs are weaker than they were; pulse 50 per minute and firm; and respirations 13 ditto; she lies very quiet; she has not yet dunged or urinated.

To have Cantharides $\frac{5}{3}$, in aquæ $\bar{3}$ ij. also Belladonna $\frac{5}{1}$ in ditto. To be given in alternation every two hours.

7 o'clock, A. M.—Her general appearance is that of improvement; the affected muscles are softer, but she is still unable to rise, although her efforts to do so have been numerous. About 5 o'clock this morning she parted with a very large quantity of urine; she has drank freely of water, and she also eats very well.

To have Pulsatilla $\frac{5}{1}$, in aquæ $\bar{3}$ ij., also Belladonna $\frac{5}{1}$ in ditto, to be given alternately every two hours.

10 o'clock, P. M.—Much the same; still down and unable to rise; pulse 46 per minute and firm, and respirations 16 ditto; she has not parted with any urine since 5 o'clock this morning, but has dunged regularly; appetite good.

To have Cantharis $\frac{5}{3}$ in aquæ $\bar{3}$ ij., and to be repeated every two hours until otherwise directed.

23d, 9 o'clock, A. M.—Still unable to rise, but going on favourably in other respects; the mare is very desirous to rise; I determined to see what could be done, so I procured a number of men and had her lifted upon her feet, but the moment she was left to herself she dropped powerless; pulse and respiration the same as last report; she has not yet been observed to part with any urine, but right in other respects.

To have Cantharis $\frac{5}{3}$, in aquæ $\bar{3}$ ij., also Rhus tox. $\frac{5}{1}$, in ditto. To be given alternately every two hours.

I also directed a large wollen cloth to be soaked in hot water, the loose water to be wrung out of it, and while hot to be applied to the course of the spine; the application of the wet cloth to be continued for about half-an-hour, and repeated three or four times a-day.

24th.—During the whole of the day the mare has remained much the same as stated in the report of yesterday; she is still down and unable to rise; pulse normal; but the respirations have varied a little, at one time as low as 12 per minute, and at other times reaching as high as 20 and 24. The medicines last prescribed have been regularly given, and to-day she has parted with a great abundance of clear urine. The cloths dipped in hot water and applied to the course of the spine, I have ordered to be discontinued, not having found the least benefit from their use.

To discontinue the *Cantharis*., but to continue the *Rhus tox.* as last prescribed.

25th, 10 o'clock, A.M.—Much the same, with the exception of the gluteal muscles, which are firmer than they were yesterday. I again procured a number of men, who lifted her upon her feet as before, and kept her in that position for about twenty minutes, during which time friction was actively applied to the limbs, but without any apparent benefit; in fact it was the reverse if anything, as the general spasm was increased.

To have Strychnine, 2 grains of the first trituration, to be mixed with a small portion of flour into a paste, and wiped upon the tongue; the medicine to be repeated every four hours until otherwise directed.

26th, 9 o'clock, A.M.—Going on well; she arose upon her feet this morning about 3 o'clock, and stood some fifteen or twenty minutes, since which time she has been up four or five times; the hind limbs are weak, and the gluteal muscles are still more tense than proper, but when the mare is down, this hardness disappears; she can rise upon her feet without difficulty.

To have grain doses of the first trituration of Strychnine every five hours.

11 o'clock, P.M.—Since 9 o'clock this morning she has been upon her feet at least a dozen times; she rises with ease, but when standing she paddles with the hind feet continually; the muscles of both hind limbs present the appearance as though they were stretched or extended considerably; she is also restless—restless not from any acute pain, but more from a state of general uneasiness; the pulse and the respiration have varied. She had a dose of the Strychnine at nine o'clock this morning, another at two, and a third between six and seven. I have also given her in addition two or three doses of *Aconite* 1.

The *Aconite* to be repeated and the mare left for the night.

27th, 9 o'clock, A. M.—The restlessness is subsided, still she does not improve as I desire; this morning she makes frequent attempts to urinate, and the urine she parts with is loaded with mucus; I observed yesterday that she urinated more frequently than ordinary; appetite not so good; pulse when lying, 42 per minute; respirations varying from 16 to 22, and even more.

To have Cantharis $\frac{5}{3}$, in aquæ $\bar{3}$ ij.; also Nux vom. $\frac{5}{3}$, in ditto. To be given in alternation, morning, noon and night.

11 o'clock, P. M.—The irritation of the urinary organs has disappeared; she remains weak in the hind limbs, and is still unable to stand for any length of time.

To have Cantharis $\frac{5}{6}$, in aquæ $\bar{3}$ ij., and left for the night.

28th.—To-day the pulse has remained at 38 per minute, but the respirations have varied considerably; the hind limbs appear as though they were dislocated at the hip-joints; the muscles around the joints are smaller outwards, and the limbs are almost straight from the hips to the feet; the hind feet are paddled continually when she is standing; the gluteal muscles are again firmer than ordinary.

To have Strychnine, 2 grains of the first trituration, to be given as before.

31st.—I cannot tell what to make of my patient, one day she is better, another day worse; upon the whole I cannot affirm that she is either gaining ground or losing it. When she stands upon her feet she paddles incessantly; she is greatly reduced in bulk, and she perspires considerably; the state of the dung she parts with varies considerably; at one time hard and lumpy, and at another time as soft as cow's dung; when made to walk she does it in a crouching position; the left hind limb is the weakest, and she drops the most to the left side; the appetite is good, and the mucous membrane of the mouth is clean.

To have Causticum $\frac{5}{3}$, in aquæ $\bar{3}$ ij., to be given once a day. The hind quarters to be hand-rubbed, a man to each limb; and the process to be continued for one hour at a time, and to be repeated three times a day.

May the 16th.—To-day the mare was removed from my premises and turned to grass. She is very far from well; her appetite is good, and the secretions from the bowels and kidneys are regular; the left hind quarter is wasted considerably, and when she walks she drops at every step, exactly like a person with one leg shorter than the other; the right hind limb is as firm and as strong as ever. At times she manifests great tenderness along the course of the spine. I have had recourse to many remedies, but without any apparent benefit to my patient, and to-day she is turned out to take her chance. I gave it as my opinion, that a long run at grass would restore her; and in this I proved correct. She was placed

under the treatment of another practitioner, who treated it as a local affection; but in spite of all his allopathic embrocations, and blisters, and stimulants, she obstinately remained in the old state, until the owner becoming wearied of "doctoring," left her alone, and from that time she has slowly recovered until now; she is to all appearance as well as ever, she is daily at work and perfectly sound.

REMARKS.—I have now presented to the reader an account of six cases of a most singular malady. The cases here given are the whole of the kind which have ever come under my notice. I have detailed the facts of each case exactly in the order in which they occurred, and for their accuracy and truthfulness I vouch in every essential. In the treatise on Veterinary Homœopathy which I published some time ago, I gave the first account of this affection ever presented to the veterinary surgeons of this kingdom. Since the appearance of the treatise in question, other cases of the same kind have come under my care, which have enabled me to more fully comprehend the general character of the disease; and I now submit to the reader every fact which I am in possession of with regard to it. To the enquiring veterinarian, I trust these facts will prove of value, inasmuch as they may enable him to diagnose a disease, the existence of which has hitherto been entirely overlooked by our best and most observant writers upon equine pathology.

I have named this disease HYSTERIA, from the very close resemblance which it bears to the malady in women, and also from the fact of its constant occurrence in the *mare*. To prove this more fully, and, in fact, I may say beyond dispute, I will quote from Watson, Copland, and others who have written upon hysteria, and thus enable the reader to judge as to whether I am right in the conclusions I seek to establish. "I need not tell you," remarks Watson, "that hysteria is almost, though not exclusively, confined to women. It occurs under a great variety of forms, but they may all be reduced for convenience of description to two. In the first of these the trunk and limbs of the patient are agitated with strong convulsive movements; she struggles violently, like a person contending; rising into a sitting posture, and then throws herself back again; forcibly retracts and extends her legs, while her body is twisted from side to side; and so powerful are these muscular con-

tortions that it often is all that three or four strong persons can do to restrain a slight girl, and prevent her from injuring herself and others. The head is generally thrown backwards, and the throat projects; the face is flushed; the eyelids are closed and tremulous; the nostrils distended; the jaws often firmly shut. If the hands are left at liberty she will strike her breast repeatedly and quickly, or carry her fingers to her throat, as if to move some oppression there; or she will sometimes tear her hair, or rend her clothes, or attempt to bite those about her. With all this her breathing is deep, labouring, irregular, and the heart palpitates. After a short time this violent agitation is calmed; but the patient lies panting and trembling, and starting at the slightest noise or the gentlest touch; or sometimes she remains motionless during the remissions, with a fixed eye; till all at once the convulsive movements are renewed; and this alternation of spasm and quiet will go on for a space of time that varies considerably in different cases."

In the same lecture Dr. Watson again observes, "The symptoms I have been enumerating belong to the nervous system, and indicate great derangement in the functions of animal life. In the other of the two forms to which all the various modifications of the attack may be reduced, the principal marks of disturbance are referable to some of the viscera. The patient experiences a sense of uneasiness in some parts of the abdomen, frequently towards the left flank.

* * * * *

the abdomen becomes distended with wind; loud rumblings and sudden eructations take place, and there is much palpitation of the heart.

"After the paroxysms these patients commonly void a large quantity of limpid pale urine, looking almost like water, and this is sometimes expelled during the fit."

The account furnished by Dr. Copland, in his Medical Dictionary, article "Hysteria," of the convulsive form of the disease is so clear and so closely allied in many respects to the cases which I furnish, that I shall also quote what he says with regard to this matter.

"When hysteria," says the doctor, "assumes a truly convulsive form, the trunk of the body is writhed to and fro, and the limbs are variously agitated."

* * * * *

"Sometimes the trunk remains stiff, whilst the arms and limbs are tossed in every direction. The muscles of respiration participate in the struggle, and the breathing is effected slowly, laboriously or deeply and spasmodically, often with deep sobs and constriction in the situation of the diaphragm. During the struggle the patient sometimes bites her arms or hands, or even the bystanders. The abdominal muscles are tense or irregularly constricted; the belly, especially about the navel, is often drawn inwards, and the sphincters are firmly constricted. The action of the heart is increased with the severity of the convulsions. In some cases, however, it is not much, if at all, accelerated; in others, it is very irregular and unequal; and in all, *the temperature is usually reduced, especially in the extremities, at the commencement of the attack.*"

* * * * *

"Upon recovery from these states, the patient often experiences *catchings, spasmodic contractions of the extremities*, shudderings, or convulsions of short duration, accompanied by *forced or irregular respiration.*"

Again, the same writer observes, "Hysteria may stimulate paralytic affections."

* * * *

"The paralytic form of hysteria *is sometimes connected with spasm*, inability to move being attributable rather to this than to loss of power. This affection may occur in a single limb or in both; it may even closely imitate paraplegia."

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"*Pain in the dorsal or lumbar vertebræ with tenderness upon pressure of the spinous processes* is often complained of by females of a delicate constitution; and although it may exist independently of hysteria, yet it is frequently associated either with it or with uterine irritation."

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"Hysteria may be manifested by pain in various parts of the abdomen, or in the abdomen generally. When it extends over the abdomen, it is sometimes accompanied with excessive tenderness, and great inflation of the bowels. It may then be mistaken for peritonitis."

Such are the facts upon which I have my opinion with regard to

the identity of my cases with the disease "hysteria" in woman. To me the similarity appears so close as to warrant my concluding that this identity is satisfactorily established. The similarity, I contend, is as close as that of any other equine affection to that of its prototype in man. To prove this more fully, however, I will compare the more prominent symptoms of each case with the quotations which I have selected. The principal symptoms in case I., were *violent convulsive or spasmodic movements of the limbs; excessive perspiration; hot skin; difficulty of breathing; the ejection of large quantities of bloody urine; tonic spasm of the gluteal muscles, and muscles of the back; clonic spasm of the diaphragm; pain in the left side, with inability to rise upon the feet.* In case II., in addition to the above, we have a *constricted state of the abdominal muscles*, together with a more marked state of *clonic spasm* of the costal and diaphragmatic muscles. In case III., the disease was not of so violent a character, but still we find the general symptoms present, together with wildness of look, and a propensity *to bite the wood work of the stable*, and other articles contiguous to where the animal stood. In case IV., the eye presents a dejected look, with *coldness* of the posterior limbs at the time when the skin in other parts was hot, and perspiring in patches. In case V., we find the pulse at the onset of the attack to be suppressed; the respirations of a convulsive or spasmodic character; the nostrils dilated; the look wild and anxious, with loss of motive power in the right hind limb; together with the entire absence of spasm of any of the voluntary muscles. Also *reduction of temperature* in the affected limb; and suppression of urine; then, as convalescence becomes established, we observe the "*muscular catchings and spasmodic contractions,*" with "*irregular respiration,*" which is so clearly alluded to by Dr. Copland. Indeed, throughout, the identity of the two diseases is so remarkably close, that to me it appears a superfluous labour to insist further upon it.

One of the principal points of difference however, between hysteria, as manifested in the human being and the mare, is, with regard to the state of the urinary organs. In the former, according to the authorities which I have quoted, (for I make no pretence to a practical acquaintance with human disease myself), it appears the disease usually commences with an abundant secretion of limpid urine; while, in the latter, the secretion of urine is very abundant,

but is loaded with blood, seemingly venous, and which, as a matter of course, causes the secretion to be dark or coffee-coloured; nevertheless, more extended observation may lead us to the knowledge that this abundant secretion of limpid urine may be one of its attendant states; in fact, it cannot be expected that six cases of so important a disease will furnish us with all its pathognomonic phenomena.

PATHOLOGY OF HYSTERIA.

Hysteria without doubt is a nervous disease. The most careful examination of the two animals which died, failed to detect any lesion in their organism of sufficient importance to account for the result. In both of them, layers of effused serum and lymph, were present beneath the skin in immediate relation to the muscles so powerfully affected with spasm; but such effusion in itself amounts to little or nothing if regarded as a cause of death; in fact, I regard this effusion as a mere effect of the spasm upon the smaller blood vessels so intimately associated with the muscular tissue. It is difficult however to say precisely from whence came the venous blood so abundantly intermixed with the urine. I cannot say whether it came from the kidneys, or from the bladder, or from both. In Case II. it appears to have come from the mucous membrane of the bladder; as this membrane was in a state of ecchymosis, and the viscus itself in addition contained a portion of the bloody fluid. From the entire absence then of all inflammatory action in the principal organs of life, I am bound to conclude that the seat of the malady is in the centres of the great nervous masses, arising most probably from a change of state having reference merely to functional manifestation.

DIAGNOSIS OF HYSTERIA.

The true dianosis of this disease is a matter of importance, inasmuch as the life of the patient may depend upon it. One or other of the diseases with which Hysteria may possibly be confounded will be either *Colic—Inflammation of the Bowels—Paralysis of the hind limbs*—or *Disease of the Kidneys*;—but a careful attention to the symptoms generally, together with the sex of the animal, and the treatment for a few days prior to the attack, will prevent in all

probability such a mistake from taking place. If the pulse be at all exalted, or greatly depressed—if the gluteal muscles be in a state of spasm—or if there be absence of spasm, but loss of motive power in one or both of the hind limbs—or if there be spasm with loss of motive power in combination—if the animal looks wild and anxious; and more especially if the patient be down and straining violently, and parting with the dark, bloody, or coffee-coloured urine; the true nature of the malady will be easily recognised, as the above symptoms are for the most part pathognomonic of hysteria.

CAUSES OF HYSTERIA.

The causes which produce hysteria are not of a character easily defined; rest it appears predisposes mares to an attack. The subject of Case I., had rested for near a week, and the first time she was taken out the disease manifested itself. The subject of Case II., had been kept in a loose box for a month previously. The subject of Case III., was at rest three nights and two days. The subject of Case IV., had not rested more than usual, but the animal at the time she was attacked was in use. The subject of Case V., had rested some 10 or 12 days; and the subject of Case VI., had rested four days.

Beyond the fact, however, of every animal having rested for some time before the attack in each case, I am unable at the present to assign any cause which is at all adequate to the production of the disease. It is probable that mares in use are predisposed at such times to attacks of hysteria. And it is probable also that hot weather may be in some way connected with it, as it will be seen by reference to the cases themselves, that the most severe and violent of such, occurred in the months of April, June, and July; while the milder cases occurred in the months of February, March, and November.

THE UNCERTAINTY OF THE ALLOPATHIC MATERIA MEDICA.

BY CHARLES W. BRINK, M. D.

It is, I believe, generally conceded that learning, pedantry, and scholastic egotism, are as often the direct objects of medical controversy, as the elucidation of principles, the improvement of practice, or the development of truth.

Physicians too often study abstractions, overlooking that which is practical—that which amuses the intellect or wins eclat, neglecting that which is useful to the sick.

As an example of what I mean; we find in medical literature, and in scientific societies, the most eminent physicians—even those who have the reputation of being “most practical men,” expounding theories, and elaborating abstractions even to satiety and exhaustion, and even at the bed side of the sick, watching for opportunities to corroborate their own, or overthrow another’s theories—and neglecting to study the more immediate and operative agents of the healing art and their effects upon disease. This ought not so to be.

The substances that we give as medicines, and which, in judicious hands, are powerful for good, are also capable of producing incalculable mischief. The materia medica is the great engine of power, in our profession. To its application for the relief of human suffering, our science owes its birth; and, were it not in constant operation, all other branches of what we call medicine (except as they were cultivated, as matters of general learning) would cease to be of interest to mankind, and be abandoned by the professed practitioner. No other department of our science can reach to cure, or by mal-administration, to *cause* disease.

The profession depends for existence upon it—for who would employ physicians, if they were without means to relieve disease?

The agents of the materia medica decide the fate of the sick, (unless, indeed, as has been said, “our patients recover, not because of, but in spite of our remedies,”) and upon them the practitioner depends when danger threatens.

Other departments of study—Anatomy, Physiology, Pathology, Chemistry, etc.:—although of immense importance to the medical

philosopher, and indispensable to the student,—are less necessary to the practitioner of medicine. They are mere matter of *dead learning*, except when galvanized into life, by the application of therapeutics: and whilst the theorist is weaving flimsy sophistries to explain their obscurities, disease is progressing, and fatal changes are produced in the complicated machinery of man by the very means employed to repair and save it. Besides, most of these branches of science are fixed upon secure foundations; their resources have been thoroughly explored; their details made plain,—but this, “the arteum medendi,” is still shrouded in thick darkness: a field, which, if properly cultivated, would yield abundant harvest, is left comparatively neglected and barren.

What have the labors of three thousand years resulted in, but the discovery of two or three specifics?

For every disease we have a hundred prescriptions, but few or no certain remedies.

Instead of facts, our *materia medica* is filled with notions of drugs, salts and acids, and directions for their administration, founded often upon faulty analogies, and groundless speculations.

In corroboration of this, I may be permitted to quote from a learned author, who says, “There are very few remedies the effects of which are well known: the greater number disappoint the expectations of the practitioner, because their true virtues are still concealed in Democratus’ well.”

Dr. Cullen says “The writers on the *materia medica* abound with numberless false conclusions—such indeed is the state of this matter, that nobody can consult those writers, with any success or safety, unless he is provided with a great deal of scepticism on the subject.”

Let us take as a farther illustration of this absence of certain knowledge, the opinions which have been published upon the character and effects of some of those remedies which have been longest and most extensively used, and we will find the imputation of uncertainty is not without foundation.

Among writers upon Mercury, a puzzling contrariety of opinion exists. According to Thompson and Edwards, it is an *Excitant*. Cullen, Chapmen, and Eberly, say it is a *sialogogue*, “Conrad, Bertile and others, suppose it to be a *sedative*; and while the Italian physicians declare it a *contra-stimulant*, Broussais and his disciples class it among *revulsives*. And *Opium*—the Hercules of the *materia*

medica, which exercises so powerful an influence over the animal economy, and in its numerous compounds is the *catholicon* of modern medicine,—has as many characters assigned to it as there have been authors who have made it their study.

Dr. Bird, speaking of the conflicting testimony of distinguished pharmacologists in relation to *Narcotine*, says, “according to Derosue, it is a *simple narcotic*. “According to Magendi, a *stimulant narcotic*. According to Professor O’Shaughnessy, it is neither *stimulant* nor *narcotic*, but powerful *sudorific* and anti-periodic. And according to Bally and Orfilla, *it has no properties at all!*” The same author farther says, “the first accounts of Iodine were equally contradictory: it was an *emetic*, a *cathartic*, a *diuretic*, a *sialagogue*, an *inebriating stimulant*, a *stomactic*, a *gastric corrosive*, and an *hemorrhagic*—it was in fact, *every thing*, and it was *nothing*—for some practitioners assert that they succeeded in administering immense doses of it without any effect appearing to follow.”

It was in view of the great mass of contradictory assertions and foundationless speculations which obscure this subject that the philosophical *Bichat* exclaimed, “To what errors have not mankind been led, in the employment and denomination of medicines. The same identical remedies have been employed, under different names, according to the manner in which they were *supposed* to act.” He adds, speaking of the *materia medica*, “it is a shapeless assemblage of inaccurate ideas—of observations often puerile, of descriptive remedies, and formulas as fantastically combined as they are tediously arranged.”

Another writer remarks “our *materia medica* is nothing else but a careful collection of fallacious observations which medical men have made. There certainly are among them a few valuable results, founded on sound experience; but who will lose his time to search for these few grains of gold in the huge mass of rubbish which physicians have gathered up for thousands of years?”

Brousaïs, speaking upon the same subject, says, “when I would seek a guide, among authors esteemed the most illustrious, and to whom medicine confesses herself most indebted, I found nothing but confusion, all was mere conjecture.” Rostan declares, “that errors so abound in the most recent formularies, that truths are as thinly sown as gold upon the dunghill of *Ennius*.”

But if it be objected that these are authors of a remote period,

we have the testimony of *Pereira*—whose *materia medica* is the most comprehensive treatise upon the subject in our language. He says, “pharmacologists are too imperfectly acquainted with therapeutical agents,” and that “classifications of medicines are in reality founded on the prevailing medical doctrines of the day, or on the peculiar notions of the writer.”

I might go on, and cite authority after authority, to prove—not only the uncertainty of that branch of medicine most essential to the successful practice of our profession, but that there is more palpable absurdity, more craft and delusion, more humiliating instances of human imposture and credulity to be found in this than any other subject of the physician’s study; but it is unnecessary; does not daily experience and observation bring before us abundant evidence of the fact?

However much men may differ upon other subjects, all, I believe, (at least those most pre-eminently distinguished for scientific attainments and brilliant exertions in the cause of medicine) agree as to the imperfections of our *materia medica*.

Time, which destroys or improves all things else, seems to have “varied his treatment,” and made this worse. From the remotest times, when barbarians believed in the efficacy of amulets and incantations to cure their diseases,—from the earlier ages of civilization, when physic was practised by priests in the temples of Egypt and Greece, down to the enlightened period, when the labors of modern investigators commenced, the most pernicious fallacies have been introduced—one age bequeathing to another its errors—and of these principally is composed our modern *materia medica*.

I repeat that the *materia medica* is paramount to other branches of medicine, because it is the only *active* power we possess; and that its study deserves precedence over them all in the minds of the physician, who ought ever to remember that his highest duties are discharged, and reputation is to be won—not by explaining the nature or course of disease, or the cause of death—but by curing the sick. Yet who has so stated this? Do writers in journals, or professors in colleges, or physicians in practice, write, talk or act as though this were true?

Indeed the *materia medica* is an almost prohibited topic. So entirely has it been neglected and so thoroughly debauched by absurdities, and its active energies made agents of evil instead of good,

that we shrink, conscience-stricken, from the utterance even of its name, and tremble under apprehension of being brought to an account for its abandonment and abuse.

Would that we could see blushes crimsoning the cheek of the profession, for we might then hope for reform, and that some degree of certainty would be attained at last to inspire confidence in the power of our art, to fulfil the promises of hope it gives to a suffering world.

Enthusiasts may pretend and the credulous believe that our knowledge of drugs is perfect—but we know how constantly our attempts are baffled—how utterly powerless we often are to relieve suffering and save life.

To know the history and names of drugs, and modes of preparation—to describe them botanically, and to give certain quantities of them, in certain cases,—is simple enough. But to understand their effects upon the living economy when invaded by disease—to judge correctly of their combined results, and determine the advantage one possesses over another, and to distinguish its peculiar operation, under an infinite variety of circumstances, *all this* requires knowledge which we do not at present possess.

Are not the numbers who fall victims to the uncertainty of our medicine—the instinctive timidity with which we give, or take them ourselves, as well as the duty we owe to those who rely upon us for restoration to health, and preservation of life—are not these, enough to awaken physicians to a sense of its importance and stimulate them to still greater exertions for the improvement of this branch of science?

Certainty in the operation of remedies alone can give confidence. Yet here all is uncertain. If scepticism exists in the community, or in the minds of physicians themselves, about the utility of medicine—this *uncertainty* is the source from which it springs.

How often do we hear men descant with most masterly research, and glowing eloquence upon the glories of medicine, and the triumphs it has achieved—but when asked what will *cure* a certain sick man, grow dumb, look wise, and timidly suggest the propriety of *trying this*—or despairingly hoping *that* may do good—or suddenly recollecting that they have seen the *other thing* cure in just exactly such cases. Yet still we neglect to study our remedies, and go blundering on in doubt and darkness.

Not only is this wrong, it is positively criminal. I fear, however, that we will continue guilty until men—who now addict themselves to studies, which have no more to do with the *practice* of medicine, than has the law of Moses—learn to devote their energies to this task—until the pride of opinion, the success of theories, and the pursuit of fame, are less cared for, than the well-being of our fellow-men—until the perfection of *practical medicine*, is preferred by its followers, to mere intellectual display.

We have a thousand books about the essence of fever, the nature of contagion the proximate cause of disease, dynamic forces, the vital principle, and other things, known to God alone, and which his infinite wisdom has placed beyond the reach of human ken—where we have one, or not one, about what will certainly cure disease, or prevent death—or upon the facility with which the mal-administration of drugs, may destroy life—shake the confidence of the physician in his remedies—destroy the patient's trust in his physician, and thereby perpetuate the opinion which reproaches ours as the most uncertain of sciences.

To this may be attributed the slow march of improvement, and the rapid growth of scepticism with which ancient and modern, refined and barbarous nations have opposed the progress of medicine.

Now it is true, as an eminent author says, that “modern physic, is the art of amusing the patient whilst nature cures the disease.” If our experience (and whose does not?) agrees with that of Dr. Radcliffe, who once said, “when I was young I possessed twenty remedies for every disease, but when I advanced in age I found twenty diseases without a single remedy.” If there is truth in the authorities which I have quoted upon this subject, and if the consciousness of their truth make the frequent sarcasms upon medicine stinging to our ears,—then indeed is there need that we strive to remedy the deplorable condition of our *materia medica*.

In proportion as it has been neglected by our predecessors, it becomes our duty to be active in invoking professional enthusiasm to an attempt to redeem it from chaos.

Theory makes science plausible—experiment makes it certain. Those who pursue the former, guess at truths; those who practise the latter, discover and demonstrate them.

True science is the legitimate child of experience; if, therefore,
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we wish to give that character to Therapeutics, we must pursue carefully and patiently the path of experimentation ; by this course alone can we hope to remove all doubt and obscurity.

There is no inherent impossibility in the subject—no reason why so much difficulty should exist. Life and health are results of the operation of vital laws. Disease is a disturbance of the harmony of those laws. Human reason has discovered, in the mineral, vegetable, and animal kingdoms, agents having power to restore that harmony, when destroyed ; and these agents are our *Materia Medica*.

Is there less harmony in the relations of man, to the objects around him, than in the succession of the seasons, the movements of the tides, or the mechanism of the heavens ?

No effort of man's, however, can confer upon any branch of science the unattainable attribute of infallibility ; absolute certainty, therefore, is impossible—still it ought to be our aim to elevate it to the highest possible standard.

The administration of medicine would then be safe, and its highest objects attainable in proportion to its certainty, and the *Materia Medica* be entitled to rank with the other highly cultivated departments of medical science,

EDITORIAL.

HENDERSON *versus* SIMPSON.

WE have perused two volumes recently republished by Lindsay & Blakiston, of this city, from the Edinburg editions, the one against Homœopathy, and the other in favor. The title of the former is "*Homœopathy, its tenets and tendencies*," by J. Y. Simpson, Professor of Midwifery of the University of Edinburg, and the latter is entitled "*Homœopathy fairly represented*," a reply to Prof. Simpson's *Homœopathy "Misrepresented,"* by Wm. Henderson, Professor of General Pathology, also of the Edinburg University. These works were evidently written by men of talents, and both have written earnestly upon the subject in question.

In Prof. Simpson's work, we have a mere repetition of what has been set forth an hundred times against homœopathy ; a mere

negative view of the subject,—the same ungentlemanly accusations against the adherents of the system,—the same ridicule, full of stale wit,—the same arithmetical calculations concerning the infinitesimal dose; and moreover, the same mischievous garbling of sentences from tables of symptoms, &c., as well as a multitude of misstatements concerning facts, and incidents relating to physicians of the homœopathic school.

The author professedly states the doctrines of the homœopathists, and attempts to confirm the truth of his statements, by quotations from homœopathic writers. But the fact is, he has manufactured a homœopathy of his own,—a mere image of his own imagination; he has entirely omitted to state the genuine views and reasonings of homœopathic writers, and instead thereof, has quoted here and there a passage from homœopathic books, for the purpose of creating a deformity to fire his artillery at, according to his own notion of things. Nevertheless, the members of the allopathic school, laud his work as being something new, and have declared in their five-and-forty doctor meetings, that Dr. Simpson has demolished homœopathy, that sly insidious foe to allopathy, which according to the allopathic doctors, had been a hundred times killed before. Brave Dr. Simpson! The braggadocia, who vaunted himself upon his courage in having severed many a leg from the enemy's men at the battle of Waterloo, long after they had lost their legs, represents Dr. Simpson's position with regard to homœopathy. More than fifty years ago, Dr. Simpson must be aware, the death of homœopathy was claimed as a victory by his predecessors in allopathy, and he is entitled to just as much credit as his predecessors, and not a whit more. It is hardly worth the time it requires, to notice the frequent repetitions of the same ridicule, wit and falsehood, that emanates from the ranks of our opponents, because they do us no harm; every attack made upon us, gives us an advance position; and Dr. Simpson's twenty-one chapters, on the off-side, endorsed as being "*gentlemanly*," by the "*MEDICAL EXAMINER*" of this city, will fall harmless at the feet of homœopathy. Our opponents seemingly cherish an idea, that all homœopathic physicians are criminals,—that they should be treated as such,—that it is gentlemanly to style them quacks, impostors, ignoramuses, dishonest, pretenders, &c., &c. But sensible, discerning men, will not think it a crime to cherish a belief in the truth of homœopathy; and why should it be regarded

a crime to believe that nature has provided for the attainment of every end, a specific law of procedure?

1. Why is it unreasonable to cherish belief in a single law of cure, when nature in other matters reveals but a single law to effect a single purpose or end?

2. Why is it an evidence of ignorance or imposture to believe that nature may have a single law of cure, as well as a single law of gravitation?

3. Why are homœopathic physicians necessarily illiberal in maintaining that medicines will cure such maladies as resemble their own pathogenetic effects?

4. Why are physicians that have studied all the branches of medicine, that have been in good repute among their fellow-men, that have been blessed with more than usual success among the sick, to be regarded as dishonest, because they believe in the doctrines and principles of homœopathy?

5. Is it more reasonable to suppose that a man has more science, because he can give an emetic for too much fulness of stomach,—a dose of pills to forcibly dislodge an over-fulness of the bowels,—that he can overcome plethora by bleeding, pain with narcotics, &c., than has one who attains similar ends without such means? One who is able to view these effects as the mere result of some disturbance of the functions, that can be removed by more gentle means, without taxing the vital powers too forcibly?

6. Is it unreasonable, unscientific, or unjust, to maintain the doctrine that "*similia similibus curantur*" is the law of cure, when so many facts can be brought in confirmation?

7. Is it absurd or ridiculous, or at variance with common sense, to maintain that inappreciable medicinal atoms may exert an influence in the restoration of health, since it is maintained that inappreciable miasmatic influences may operate to destroy health?

8. Is it at variance with science to suppose that the entire substance of any body may be changed into one of a totally different kind, by the addition of matters so infinitesimal, as to escape observation? Is not the atmosphere rendered poisonous by the least modification of the specific quantities of the gases entering into its composition? Sugar may be turned into a substance in many respects of an opposite character, by the addition of the smallest quantity of some chemical agent, that changes the affinities existing in the

material. In like manner beer may be converted into fat, alcohol into vinegar, &c., &c.

9. Is it not as easy to ridicule a truth as it is a falsehood? *laughter and ridicule* more frequently constitute the reasonings of the foolish than the wise, and the universal habit that our opponents have cherished, of sneering at a lady or gentlemen who patronizes homœopathy, is an argument that any "fool" might use, and the good sense of the community has already acted in this direction.

10. Has Dr. Simpson, or his less renowned coadjutors and abettors, done anything by their labors to benefit society? We answer no, most emphatically. They have created a deformed *something*, by garbled extracts from homœopathic works, and this, they fight like heroes. Now we admit these extracts to be genuine, and if seen in connection with the philosophy which they represent, would appear most reasonable and beautiful; but parts brought into juxtaposition not intended to go together, will always savor of deformity; to remove the trunk and upper extremities from the human body, so as to let the head rest upon the lower extremities, would present a grotesque and ridiculous appearance; place the ears to the right and left of the hips, and the nose on the front of the abdomen, or the eyes in the toes, and the organs, though veritable in their character, would not show their true relation to the human form, and the artist who would depict the human body on canvass, knows full well that he must place the ears, eyes, nose and mouth, in their true relation to the rest of the body, or otherwise the human form would not appear, but instead, the form of a monster.

The learned Prof. Simpson, in attempting through his artistic skill to sketch homœopathy, has not given the true relation of the parts of the homœopathic system, therefore it may be said in truth, that he first created a monster, and then he made up faces at it; and this was wondrous wise, in the estimation of his allopathic friends, and supremely triumphant in disclosing the "tenets and tendencies of homœopathy." But no sooner had Dr. Simpson's deformity or misrepresentation, found its way to the public, than Dr. Henderson's work "fairly representing homœopathy," followed, and if our readers will just bear in mind that Dr. Simpson has spent his efforts in trying to overthrow his own sketch of homœopathy, and not Dr. Henderson's, they will see the matter in its true light. But the beauty of the whole matter is, the learned professor

has even failed of success in overthrowing his own deformed picture; his hearsay stories and fabrications of incidents, which his antagonist has exposed, all bear testimony against the learned professor.

When we turn to Prof. Henderson's reply to Prof. Simpson, we are not struck with the truth of a remark made by the editor of the Examiner, "that Prof. S. was gentlemanly, and his opponent the reverse, but we were struck with the plain and lucid manner in which the latter laid bare the false positions of the assailant. We admit that Dr. Henderson's reply is characterized by the severity of truth, and is well calculated to reflect in many particulars somewhat severely upon Prof. Simpson's misstatements and personal attacks; and moreover it must be apparent that Dr. Henderson has fairly represented the principles of homœopathy, each in its true relation, and this of itself is sufficient to show that Dr. Simpson was either ignorant of what he attempted to expose, or otherwise he has recorded a severe commentary upon his own veracity.

In Professor Henderson's preface will be found the most ample *exposé* of his opponent's attack,—a true version of the medicine-box story,—the magnetoscope, and sundry other misstatements and arguments, so called, against Homœopathy, all of which must be read; in order to form a just estimate of Professor Simpson's statements: after which the learned gentleman proceeds to represent Homœopathy "fairly." He gives in the first chapter a comparative view of Homœopathy and Allopathy, as adapted to acute diseases, in which the latter is proved to be a fatal delusion. In the second chapter is given an outline of the life and labors of Hahnemann, which cannot fail to interest the reader, and afford him ample proof of the learning, perseverance and acute observation of this champion of medical reform. In the third chapter the author takes up the various charges against Hahnemann, and refutes them in a way that must show to every candid mind that his writings and doctrines were the productions of a sound mind, and the offspring of logical deductions concerning diseases and remedial agents. In the fourth chapter the author has considered "eleven notable charges" against Homœopathy made by Dr. Simpson, and in a masterly manner he has disclosed their futile and ingenuous character. And in the fifth chapter the author has replied to his opponent's attack upon the Homœopathic law, provings and doses, by an array of facts

and illustrations, which cannot fail of convincing every candid mind of the superiority of Homœopathy over Allopathy, in serving the wants and requirements of the profession. These five chapters, together with an appendix ; setting forth the nature of Andrel's experiments, which have been so often alluded to by our opponents as proof against the claims of Homœopathy, constitute, with the prefaces to the first and second edition, the entire work. Those who take an interest in searching out the grounds for a belief in the truth and practical advantages of the system, will be rewarded by a careful perusal of these controversial works.

Professor Simpson has undoubtedly put forth his best efforts, and he is confessedly a talented man. And the same remark may be made of Professor Henderson. Therefore, to read the works with a view to forming a correct estimate of the subject upon which they treat, it is necessary to refrain from prejudging the case ; let the mind be open for conviction, and ready to bring every thing to the test of a sound philosophy.

We will add in conclusion, that it always affords us pleasure to peruse the arguments and reasonings of an honorable opponent against our doctrines ; but as yet but few, comparatively, of this cast have taken the field to combat us. Most of those who have written against our doctrines begin, by arraigning us before the public as criminals, impostors, humbugs, empirics, mean, ignoble persons, unworthy of belief, &c., &c., merely because we entertain views at variance with theirs. And again, it is a well known fact in the community, that the members of the Homœopathic School *are* as well, as highly, and as extensively educated, take them together, as the members of the Allopathic School ; and yet our opponents seldom admit this truth. They treat us as men without education, mere ignoramuses, incapable of judging for ourselves, &c., &c. This certainly comes with an ill grace from a class of men who can claim a greater number of those that are now doctors with diplomas, that never studied two years after leaving the lapstone or working-bench, before they had their passport to society as physicians, than they can of well educated men. The Allopathic school is noted for cherishing men of this description, while at the same time, there is a large class of highly educated men in their ranks. All we have a right to expect is, to be fairly represented. We have among us those that may be classed among the first scholars of the country, and we have

also, those of inferior grade. We would much prefer to respect our opponents as honorable men, differing from us in their views, than as our personal enemies or foes; but we have been compelled to regard them as we do. They have rarely bestowed upon us any comely epithets. We have had from them no credit for sincerity, or integrity of character, and while we concede to them, the right of judging us, by themselves, we would remind them "*that people who live in glass houses should not throw stones.*"

PROGRESS OF MEDICAL REFORM.

WE are glad to learn that the medical attendant of the Alms House has found out a method of treating the sick, that supersedes the necessity of retaining any longer the services of a cupper, bleeder and leecher for the Institution. The first step towards a reform is to cease from mal-practice, and then something better may take its place. Why is it announced in the newspapers that a cupper and bleeder for the Alms House is a useless expense? Has it just been discovered that such *depletory agents* are unnecessary in the healing art? For they certainly are; the amount of injury which invalids have suffered at their hands cannot be estimated. Every sensible man, woman or child, ought to rejoice that a new light has broke in upon the medical world, that shows the utter inconsistency of draining the constitution of the very element that performs the function of life for the animal kingdom. What has brought about this change? We need not long pause for a reply, for every body knows that the power and influence of homœopathy is every where felt. It has thrown its mantle of restraint around the doings of the allopathic practitioner. It has demonstrated that the afflicted can be more speedily cured by gentler means than he has been in the habit of employing. It has taught him that all sensible people shudder at the thought of shedding blood merely to gratify the superstitious notions of worn out champions in the allopathic cause. The fact is, the community begin to dread the tolerance of blood-letting heroes, and as a consequence, they are driven away from their former labors, and into more useful employments, where we trust they will prove a blessing, instead of a curse to society. We know there are many apparently kind and good-hearted men among the retail apothecaries and bleeders; and we wish them no harm,

but on the contrary, we wish them a happy escape from the impending famine that awaits them. For if the Homœopathy tree spreads during the next ten years as it has done for the same period of time past, it will be as impossible for a prescription compounder, or a hero of the lancet to acquire a living at his trade, as it would be for the whole allopathic fraternity to acquire a desirable reputation and standing, by slandering, misrepresenting and sneering at homœopathic physicians.

THE PHILADELPHIA JOURNAL.

THE present number being the first, of the Third Volume, the Publishers take pleasure in announcing to their patrons that they have made such arrangements for the future, as will insure the prompt issue of the Journal on the 1st of each month during the year. The periodical will continue of the same character as heretofore, the faithful advocate of pure Homœopathy.

We need not assure the readers of the Journal that it will still preserve its independent character, for the Editorial charge will, as heretofore, be in the hands of uncompromising adherents of the Homœopathic School; and of their ability to conduct a Journal of the kind, but little need be said in advance.

We also take pleasure in giving assurance of the aid that will be received from our corps of able contributors, which of itself is a sufficient guarantee for the prosperity of our enterprise. For certainly it must prove acceptable to the readers of the Journal to be able to peruse articles, or monographs upon the most important subjects from different men of enlarged experience and much observation.

We humbly trust that many a faithful co-laborer in the cause of homœopathy, whose name may not be announced upon the Journal will not fail of imparting to the profession through its columns whatever matters of interest he may have it in his power to offer. The future course of the Journal will be entirely with reference to what the profession will require.

1. Original communications on scientific and practical subjects connected with the various departments of medicine, will constitute an important feature.

2. Monographs in Pathology, Physiology, and the other colla-

teral branches may frequently make their appearance through the medium of the Journal.

3. Interesting clinical cases will sometimes be reported, if any occur of sufficient importance; in such cases, probably, the history and cause, (if known) and the treatment will be given in the most explicit manner, and with a minuteness of detail that will throw some light upon the nature of the case and its treatment.

4. Occasionally the pages of the Journal will be enriched by a record of well authenticated provings of new remedies, and their clinical use.

5. It will inform the profession, as far as possible, the state and condition of our school—the facilities for acquiring knowledge—an account of the books that are published, here and elsewhere, and by whom. Short reviews may occasionally appear of these books, or a statement may be given of their contents, so as to advise the profession concerning them.

6. Any facts, incidents, or medical news, coming to the knowledge of the Editors or Proprietors will, if of any practical advantage or interest, be given to our patrons, and by so doing, we sincerely hope to keep up a general interest in our enterprise.

7. With regard to the editorial matter, it is presumed that whatever appears will be full of interest, and calculated to advance the position and prospects of the profession. We shall have no dictation to offer with regard to the matter or doctrines of the Journal: this will be exclusively within the editorial charge. It will be our object to preserve the perfectly independent character of the Journal, except we shall allow no *exparte* statements to appear, that are calculated to do injury, either to a neighbor or to ourselves, by rendering us liable to legal proceedings.

In undertaking the publication of the present volume, we humbly trust our arrangements are such as to meet the cordial approbation of the profession; we wish to make the Journal useful, full of interest, and the vehicle of sound doctrines. And moreover, we wish to cherish becoming liberality towards those who may differ from us, and to this end, our Journal will always be open, for gentlemanly discussion, where the end is to arrive at truth. Our patrons may rely upon receiving the Journal hereafter promptly in the beginning of every month.

BIBLIOGRAPHY.

THE HAND-BOOK TO VETERINARY HOMŒOPATHY; or, *The Homœopathic Treatment of the Horse, the Ox, the Sheep, the Dog, and the Swine*. By JOHN RUSH, Veterinary Surgeon, with numerous additions from the seventh German edition of Doctor F. E. GUNTHER'S HOMŒOPATHIC VETERINARY. By J. F. SHEEK, M. D. Philadelphia — Rademacher & Sheek. 12mo. pp. 144.

This work affords a concise view of the diseases incident to horses, &c., and their Homœopathic Treatment. It is also a convenient manual for popular use, and will supply a want that has long been experienced by those having charge of horses and other animals, inasmuch as it points out the ready means of curing diseases, without the usual torturings for the most part resorted to in such cases. And, moreover, those who rely upon the treatment pointed out in this book, will have ample opportunity for testing its merits, without being at a loss to decide whether a good result following the administration of a remedy is to be ascribed to the effects of the imagination or the remedy employed. The indication for the use of each remedy is explicitly stated, and the dose given; so that any one who wishes may afford relief to his ailing horse, dog, or cow, in a majority of instances, without the aid of a veterinary surgeon.

KEY TO THE MATERIA MEDICA, or, *Comparative Pharmacodynamic*, by AD. LIPPE, M. D. Philadelphia. Boerike & Tafel, &c.

We have received the first number of this work, very neatly printed, and containing 144 pp., 8vo. The object of the author has been to perfect the arrangement of the Materia Medica, so as to facilitate the labors of the student and practitioner in searching out corresponding remedies. To effect the object, a group of, *eleven remedies*, is presented in this first number. Each remedy is treated of separately,—that is, under the head of Aconite, all the pathogenetic symptoms of the remedy are given, in consecutive order, in one column; opposite to which, set off *against* each Aconite symptom, the other remedies that have the same symptom are given; so that a mere glance will show, first, the Aconite symptoms, and then all the other remedies that have the same symptoms either in a marked or inferior degree. We understand that the whole work is to be completed in six numbers, and that it embraces only the prominent or polycrest remedies. It will be seen that much care and labor are required for the production of such a work, and whatever is new or valuable in the arrangement certainly

commends itself to the profession, and we sincerely hope that both author and publisher will be justly rewarded for their industry, and for the service they have rendered in contributing something of a substantial character to our Homœopathic literature.

THE HOMŒOPATHIC MATERIA MEDICA, arranged Systematically and Practically. By A. TESTE, Graduate of the University of Paris, and Member of the Société Gallicane of Homœopathic Medicine, &c. Translated and edited by CHARLES J. HEMPEL, M.D., Fellow and Corresponding Member of the Pennsylvania Homœopathic College, Honorary Member of the Hahnemann Society of London, &c. pp. 634. 8vo. Philadelphia. Rademacher & Sheek.

The above is the title page of a work just issued from the press, beautifully executed in elegant type. We do not hesitate to recommend the book as a valuable accession to our works on Homœopathic Medicine. It is hardly sufficient to give a mere passing notice of this volume, for it deserves something more. The Author has attempted, and moreover he has succeeded to a very great extent in reducing the Materia Medica to a system. He starts with the idea that "The Homœopathic Materia Medica differs from the Materia Medica of the old school particularly in this, that it is capable of being constituted as a science, which is in some respects independant of the other branches of the healing art, or, in other words, that it contains in itself the other primary facts or fundamental principles, or is the reason of its own existence." The author further maintains very correctly that every science necessarily implies the idea of correlative definitions or propositions developed in a methodical manner, and dependent upon each other, rendering it at once apparent that our Materia Medica cannot exist as a science only in the degree that it constitutes a system. The work is remarkable for its novelty of arrangement and manner of grouping remedies, with regard to their similarities and range of use. We can but regard the author a philosopher in medicine, who, with the translator and publishers richly deserve the thanks and patronage of the profession for furnishing such a work. As it will be impossible to give an extended review, we will insert for the sake of imparting a correct idea of its merits a concise statement of the type of each group and corresponding remedies, which we have no doubt will be perused with pleasure.

"These groups are as follows :

GROUP I.	<i>Type.</i>	Arnica montana.	
	<i>Analogies.</i>	Ledum palustre.	Rhus toxicodendron.
		Croton tiglium.	Spigelia anthelmia.
		Ferrum magneticum.	

GROUP II.	<i>Type.</i>	Mercurius solubilis.	
	<i>Analogies.</i>	Argentum foliatum.	Creosota.
		Arsenicum album.	Plumbum.
		Sulphuris acidum.	Stannum.
		Mercurius corrosivus.	Nitri acidum.
		Crocus sativus.	
GROUP III.	<i>Type.</i>	Sulphur.	
	<i>Analogies.</i>	Croton tiglium.	Lobelia inflata.
		Mercurius corrosivus.	Mercurius solubilis.
		Bovista.	Asterias.
		Æthusa.	Cicuta virosa.
		Creosota.	Ratanhia.
GROUP IV.	<i>Type.</i>	Arsenicum album.	
	<i>Analogies.</i>	1st series (1).	Veratrum album.
		Argentum.	Zincum.
		Mercurius.	Lycopodium.
		Nux vomica.	Colocynthis.
		Sepia.	Copaivæ balsamum.
		Alumina.	Plumbum.
		Indigo.	Bryonia alba.
		Sulphur.	Cina.
		Lachesis.	Carbo vegetabilis.
		Ferrum metallicum.	Bismuthum.
		Petroleum.	Nux moschata.
		2d SERIES. Belladonna.	Bryonia.
		Carbo vegetabilis.	Opium.
		Capsicum.	Aconitum.
		Cedron.	Thuya.
		3d SERIES. Argentum.	Ferrum metallicum.
		Zincum.	Opium.
		Plumbum.	Arnica.
		Capsicum.	
		4th SERIES. Lobelia.	Sepia.
		Alumina.	Ferrum.
		Sulphur.	Argentum.
		Mercurius solubilis.	Merc. corrosivus.
GROUP V.	<i>Type.</i>	Pulsatilla.	
	<i>Analogies.</i>	Silicea.	Graphites.
		Calcareæ carbonica.	Phosphorus.
		Hepar sulphuris.	
GROUP VI.	<i>Type.</i>	Sepia.	
	<i>Analogies.</i>	Copaivæ balsamum.	Alumina.
GROUP VII.	<i>Type.</i>	Causticum.	
	<i>Analogies.</i>	Cocculus.	Nux vomica.
		Coffea cruda.	Staphisagria.
		Corallia rubra.	Arsenicum.

GROUP VIII.	<i>Type.</i>	Ipecacuanha.	
	<i>Analogies.</i>	Pulsatilla.	Silicea.
		Nux vomica.	Dulcamara.
		Arsenicum.	Bryonia.
		Chelidonium majus.	Spongia tosta.
		Iodium.	Zincum.
		Chamomilla.	Ignatia.
		Phosphorus.	Belladonna.
		Felix mas.	Antimonium crudum.
		Tartarus emeticus.	
GROUP IX.	<i>Type.</i>	Bryonia alba.	
	<i>Analogies.</i>	Allium sativum.	Lycopodium.
		Colocynthis.	Nux vomica.
		Digitalis.	Ignatia.
GROUP X.	<i>Type.</i>	Dulcamara.	
	<i>Analogies.</i>	Sulphur.	Chelidonium.
		Corallia.	Pulsatilla.
		Bryonia.	Calcarea carbonica.
GROUP XI.	<i>Type.</i>	Chelidonium majus.	
	<i>Analogies.</i>	Capsicum.	Viola odorata.
		Hepar sulphuris.	Corallia rubra.
		Allium sativum.	Cannabis indica.
		Dulcamara.	Cina.
		Digitalis.	Bryonia alba.
		Pulsatilla.	Silicea.
GROUP XII.	<i>Type.</i>	Acidum muriaticum.	
	<i>Analogies.</i>	Agnus castus.	Hyoscyamus niger.
GROUP XIII.	<i>Type.</i>	Lycopodium clavatum.	
	<i>Analogies.</i>	Natrum muriaticum.	Antimonium crudum.
		Viola tricolor.	
GROUP XIV.	<i>Type.</i>	Zincum.	
	<i>Analogies.</i>	Plumbum.	Colchicum.
		Sambucus.	Arsenicum.
		Argentum.	Drosera.
		Nitri acidum.	Ferrum metallicum.
		Mercurius corrosivus.	Platina.
GROUP XV.	<i>Type.</i>	Aconitum Napellus.	
	<i>Analogies.</i>	Cocculus.	Cannabis.
		Chamomilla.	Conium.
		Dulcamara.	
GROUP XVI.	<i>Type.</i>	Conium maculatum.	
	<i>Analogies.</i>	Jatropha curcas.	Chamomilla.
		Phosphoris acidum.	Senega.
		Solanum nigrum.	Cantharis.

GROUP XVII.	<i>Type.</i>	Thuya occidentalis.	
	<i>Analogies.</i>	Platina.	Bismuthum.
		Castoreum.	
GROUP XVIII.	<i>Type.</i>	Chamomilla vulgaris.	
	<i>Analogies.</i>	Gratiola officinalis.	Helleborus nigra.
		Viola tricolor.	
GROUP XIX.	<i>Type.</i>	Belladonna.	
	<i>Analogies.</i>	Agaricus.	Lachesis.
		Cedron.	Stramonium.
		Opium.	Opium.
		Arnica.	Clematis erecta.
		Ruta graveolens.	Tabacum.
		Aurum.	Camphora.
		Cannabis.	Hyoscyamus.
		Bryonia alba.	
GROUP XX.	<i>Type.</i>	Ferrum metallicum.	
	<i>Analogies.</i>	Plumbum.	Magnesia muriatica.
		Phosphorus.	Ratania.
		Carbo animalis.	Bovista.
		Pulsatilla.	China.
		Zincum.	Baryta carbonica.
		Secale cornutum.	Cuprum."

"Each of these twenty groups represents a series of drugs, or rather of drug diseases, which resemble each other more or less, by their course and symptoms, if they develop themselves in physiological conditions that are similar; or, which offer, in certain cases, the appearances of an almost complete similarity, if they develop themselves in physiological conditions that are different. Hence, we may infer, that diseases occasioned by the drugs of one and the same group, may, to a certain extent, be abstractly considered as the various shades of one and the same malady, the most acute form of which, (almost in every group,) would be represented by the *type*. I have described at the head of each group, under the title of "*common characteristics*," the principal symptoms, but not the course (this I found impossible,) of this artificial malady which any other member of the group is likewise capable of producing with more or less completeness."

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
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ORIGINAL COMMUNICATIONS.

AN ESSAY ON COLO-RECTITIS.

BY WILLIAM H. WATSON, M. D.

“Nec scire fas est omnia.”

HOR. LIB. IV. ODE IV.

THIS disease has been variously named, Colitis, Bloody Flux and Dysentery, either from the part supposed to be affected, or from the character of the matter discharged from the gut, and the nature of the patient's suffering. We, however, much prefer the name which has been prefixed to this Essay, as more precisely designative of the portion of the intestine usually involved in the disease, as well as of its pathological character.

DEFINITION.—It may be defined as inflammation, either with or without ulceration, of the mucous membrane of the Colon and Rectum, but especially of the solitary glands of the large intestine, characterized by griping pains in the abdomen, small mucous or bloody evacuations, straining at stool and tenesmus.

Colo-Rectitis may be either acute, of which there are several varieties, or it may linger on as the result of these in a chronic form.

ACUTE FORM.—The disease may occur either with or without premonitory symptoms, though we think the latter is not usually the case.

When there are precursory symptoms, it is preceded by lassitude,

impaired appetite, chills, weariness of the limbs, dull or transient pains in the abdomen, back and extremities, thirst, a bad taste in the mouth, furred tongue, hot, dry skin, headache, frequent and hard pulse, costiveness or diarrhoea, anxiety, and great general restlessness. These symptoms usually last only one or two days, though they sometimes continue for a week before the local manifestation of the disease.

Sometimes, however, the local symptoms make their appearance before those of a general character, and in very mild cases, of moderate extent, the disease may run its entire course without fever. Sometimes the local and febrile phenomena appear simultaneously, and the patient is attacked by a chill almost at the moment when he first begins to complain of pain and tenesmus.

Colo-Rectitis varies in the different cases, from a very slight affection, occupying but a small portion of the large intestine, unattended by fever, and passing off in a few days, up to one of the most violent and dangerous forms of disease to which the human frame is liable. This diversity depends partly upon differences in the activity of the cause, and the predisposition of the patient, but also in a great degree upon the extent to which the affection is simple or complicated.

We shall first describe simple dysentery, and then allude to its more frequent complications.

In the commencement of a case of simple dysentery, there are usually griping pains in the abdomen, or tormina, as they are technically named, most frequent in the umbilical region, and in the vicinity of the sigmoid flexure and rectum, but still quite irregular in their position and periods of recurrence, and attended with discharges from the bowels, by which they are partially and temporarily relieved. In a short space of time, a feeling of tenesmus or a sense of weight, as if some foreign body in the rectum were to be dislodged, with a sensation of burning is experienced, which impels the patient to strain violently at stool, when he finds himself unable to evacuate anything more than a little bloody mucus. This feeling of tenesmus increases, until it becomes the most striking feature in the case, while the calls to stool increase in frequency, and sometimes become almost incessant. The patient usually goes at intervals varying from five minutes to two hours. The evacuations therefore are rarely less than a dozen in the twenty-four hours, and

have been known to amount to two hundred. After the first few evacuations, which are usually slightly faecal, the stools become very small, and consist of a transparent, whitish, jelly-like mucus, or most commonly of mucus mixed with blood, membranous shreds, and patches resembling flesh, consisting of exfoliations from the intestinal epithelium, and sometimes even of quite pure blood. In some instances, small hardened lumps of fæces, called scybala, which have been spasmodically retained in the intestines above the portion of the gut affected by the disease, are discharged when the inflammatory constriction has been relieved. This is not commonly the case. Feculent evacuations are usually attended with some relief.

The appearance of the discharges depends much upon the climate, temperament, the exciting cause, and the particular portion of the intestinal canal affected by the disorder. When the disease is chiefly confined to the lower portion of the small intestine and Cæcum, the evacuations will consist of dark, watery matter, in consequence of the more intimate admixture of blood and mucus, while inflammation and ulceration farther down, as in the descending Colon and Rectum give rise to the discharges above mentioned; of redish shreds, like the washings of meat, (*lotura carniū*); distressing tormina, with tenesmus, often accompanied by evacuations of pure blood. "Pus is often mixed with the stools in streaks or patches, and yet may be mistaken for mucus. Its secretion will continue as long as ulcers are present in the intestine."

"The quantity of the stools is in inverse proportion to their number; they are more frequent towards night than by day; and in proportion as they increase, the amount of perspiration, urine, and expectoration diminishes."

The discharges are often so acrid, as to occasion soreness and erosion of the anus, scrotum and neighboring surfaces, and may even excite gangrenous inflammation of these parts."

At first the discharges have very little odor, but after a while they acquire a disagreeable smell, peculiar to dysentery, and quite distinct from the feculent. It has been described by Naumann "as a composition of the smell of old fat and boiled French beans."

There is more or less tenderness of the abdomen, and the extent of the inflammation upwards along the colon, can be detected by ascertaining in what parts the greatest pain is produced on pressure. If the tenderness is observed across the epigastrium, and

along the right side, there is reason to believe that the inflammation has reached the transverse and ascending colon, and that the whole of the large intestines are involved.

The bladder and urethra frequently sympathise with the rectum, through the reflex action of the spinal cord, and along with tenesmus, there is frequent, difficult, and burning micturition. In females the vagina participates in the same irritation.

There is always fever except in cases of slight extent, and the higher the affection extends in the small intestines, the more violent and intensive is its character. The pulse is accelerated, and commonly somewhat full and forcible, the skin, hot and dry, the tongue moist and covered with a whitish fur. According to Dr. Humphreys, "there is frequently a feeling of violent internal heat, associated with objective coldness of the surface; often the abdomen only is hot to the touch; and the recurrence of decided chills in the course of the disease, is a bad indication."

The secretion of bile is usually diminished, and when the discharges on the contrary become bilious, it is considered as a favorable indication of returning health.

In severe cases, the vital forces yield temporarily to the violence of the impression upon the nervous system. The patient lies upon his back, with his knees drawn up, in great depression of spirits, breathing with short and painful inspirations, and showing a constantly decreasing inclination to physical effort. To these symptoms are added an indistinguishably painful feeling of hollowness or sinking in the abdomen, accompanied by a cold, damp skin, a feeble and almost thread-like pulse, and sometimes nausea and vomiting. "A vomiting of slimy, bilious matter, or of blood, according to Abercromby, indicates an extension of the disease to the ileum."

It will often be excited by every thing which is put into the stomach. In the simpler forms of the disease, however, vomiting is not common, and the symptoms of much cerebral affection are wanting. With care, and proper Homœopathic treatment, the disease as seen in the temperate climates, may be expected to take a favorable turn between the fourth and eighth days, and the patient will recover.

Sometimes, however, from the extent and severity of the inflammation and ulceration, symptoms of depression appear at the outset, and the system never fairly reacts. Here the same condition

appears to exist continuously, which has been described as occurring occasionally in milder cases. The nervous system yields to the violence of the shock, and is unable to react under the continued intensity of the disease. The pulse becomes very small, feeble and frequent. The skin grows gradually still more pale, cool, and clammy, the countenance assumes a contracted and cadaverous appearance, with anxious, sunken features, and there is a livid or purplish appearance under the eyes, about the lips, and at the roots of the nails. At the same time, there is extraordinary violence in the local symptoms. The evacuations become more foetid, are mixed with puruloid matter, and often consist of nothing but bloody serum, while they are now incessant and discharged involuntarily. The abdomen becomes tense and tumid, and shows great tenderness on pressure. The tongue may assume a dryish or brownish appearance, or it may throw off its fur and become red, smooth, and sometimes gashed; the patient becomes rapidly weaker, and very restless, delirium tormina, even amounting to cramps, set in, and finally hic-cough, succeeded by extreme prostration and death.

BILIOUS DYSENTERY.—In almost all cases of dysentery, the bilious secretion is somewhat diminished; but in the simple form of the disease, this may be considered as nothing more than a result of the local inflammation of the intestinal canal, suppressing this secretion in precisely the same manner as it causes the dry skin and scanty urine. Occasionally, however, disorder of the liver attends the disease from the commencement, being the result of causes either identical or co-existent with those which produce the intestinal affection. The causes of this identity or co-existence of disease, are as yet, but very imperfectly understood. It is very probable, however, that the affection in the liver, which often occurs in the form of abscess, and sometimes before an attack of dysentery, bears some direct relation to the latter disease. Some writers have, indeed, considered the abscess in the liver to be the primary affection, and the dysentery in these cases, to be consecutive to, and arising from it. This idea, we are disposed to consider as partially incorrect. The attack of dysentery may take place primarily, or antecedent to the abscess of the liver, which latter, as we conceive, may be either open and declared, or it may, on the other hand, be latent and unknown;—or, again: the dysenteric attack may be secondary to the abscess of the liver, and consecutive upon it. It has been supposed, by

Annesly and others, that in the latter case, where the dysentery is the secondary affection, that it is caused by the morbid state of the biliary secretion. But from this opinion we dissent, and agree rather with Dr. Parkes of the English Army, who in a book entitled "The Dysentery and Hepatitis of India," published at London, in 1846, has started the hypothesis, that the dysentery is caused by the absence of the secretion altogether. In support of this view, Doct. P—— has adduced the fact, that in some cases, when hepatitis has terminated in partial suppuration, and bile is still secreted, though altered in appearance, there is no dysentery; whereas, when from extent or peculiar situation of abscess, no bile is secreted, dysentery appears to supervene. While we do not agree that the dysentery is produced by the nature of the biliary secretion, neither do we assent to the opinion of those medical gentlemen who maintain that in cases of secondary abscess in the liver, the hepatic affection arises from the absorption of pus from the intestinal ulcers, or that it is a result of venous congestion, or of an immense secretion of vitiated bile; but think rather, with Dr. Parkes, that the abscess is caused by the passage into the blood of those substances, which under other circumstances, are excreted by the colon; for although the action of the solitary glands of the intestine, are but imperfectly understood, still there is strong reason for supposing, that their office is purely one of excretion—to eliminate putrescent matters from the blood, whether resulting from the normal waste of the system, or from morbid causes. No doubt, much of the fœcal matter is derived from these glands, for we see it discharged from the bowels when no food whatever has been taken into the system. Hence, a dysentery, like a critical diarrhœa, may often be a salutary effort of nature to relieve the system of morbid matter. Hence, in cases of primary hepatic abscess, the liver being unable to carry on its depurative function as in health, nature seeks some other outlet for the morbid matter collecting in the system, and this outlet is found in the solitary glands of the intestine, which being thus excited to abnormally active exertions in secretion, become more or less diseased themselves, and thus give rise to the phenomena of dysentery. Again, in consecutive hepatic abscess, the intestinal canal is deficient in its secretions; the matter which should escape from the system by this avenue, seeks some other outlet, which it finds to the greatest extent in the liver, giving rise to various grada-

tions of disease in that organ, from inflammation and ulceration of so slight an extent, as to be incapable of diagnosis; hence called, latent or concealed, up to the most distressing cases of hepatic abscess. The post-mortem examinations of Dr. Parkes, go far to confirm these suppositions. "When I examined," he says, "cases of consecutive hepatic abscess, I observed that the dysentery was general, though perhaps not very far advanced, nor very acute. The ulcers were sometimes small, and had healed early, but they were numerous and distributed universally over the mucous membrane of the large intestines; or if not every where ulcerated, all the glands were very large, and hard to the touch. In other cases of dysentery without hepatic abscess, the ulcers were perhaps very much larger, gangrenous, and altogether the colon may have appeared more diseased, but still there were clear spaces of undiseased mucous membrane. I therefore, at length, came to the conclusion, that the type of dysentery generally associated with the consecutive Hepatic abscess, is one in which there is universality of affection, either with or without a high degree of intensity of inflammation. Is it not an allowable hypothesis, that the normal action of a part of the mucous membrane will prevent abscess by excreting some undetermined ingredient, which in the other case (where the affection of the membrane is universal,) must be circulated with the blood, and then by its effect on the liver, produce suppuration in that allied organ."

Whatever may be the fact with regard to the truth of the above hypothesis, a form of dysentery does occur, often associated with abscess of the liver, to which the name of bilious dysentery has been applied.

It is characterised by occasional yellowness, in various degrees, of the tongue, conjunctiva, skin and urine; a high degree of fever, a greater tendency to delirium, and either an entire absence, morbid increase, or depraved condition of the biliary secretion. According to Dr. Humphreys, "there is frequently discharged by vomiting and stool, of bilious matter, yellow, grass-green, or dark-green fluid, often attended with relief to the patient. The crisis often occurs with discharge of fæcal stools, and the outbreak of a pustulous eruption about the mouth and nose."

Many other forms of dysentery have been mentioned by different writers, among which may be enumerated, the Adynamic, Intermit-

tent, Typhus, Rheumatic and Scorbutic, but the limits of this essay preclude a discussion of them here.

ANATOMICAL CHARACTERS.—These may be described under three different heads, corresponding to the several stages of the disease.

First Stage.—That of enlargement and commencing ulcerations of the solitary glands.

The mucous membrane of the rectum and lower portion of the colon, always evinces signs of inflammation and ulceration in cases of death by dysentery. The rapidity with which the ulceration takes place, depends upon the fact that the glands of the mucous membrane are particularly implicated in the inflammatory action. These glands in health, present the appearance of round opaque bodies, without apparent orifice, imbedded in the mucous membrane, and even apparently attached to the submucous cellular tissue. Inflammation and ulceration of these glands, constitute the earliest morbid change in dysentery, and the process from the small, ulcered gland to the irregular spreading ulcer, may be traced in every stage. The first alteration in the glands, is an enlargement of them, and a change in their contents. The contained substance now becomes, thicker, resembling flour and water in its consistency at first, then white or yellowish, and of the thickness of starch. They are sometimes streaked or striated on the surface, and bear on the summit, in some instances, a small, black point, which looks like a closed-up orifice. This is not, however, general or even common. In all probability this condition occurs every day, and gives rise to slight diarrhœa, which relieves itself, and the glands return to their normal condition. If instead of thus relieving themselves by secretion, the glands continue enlarged for two or three days, without being acutely inflamed, they become still more obvious, and that appearance is presented, which has been incorrectly compared by some authors to a variolous eruption. The vessels around the glands become enlarged and conspicuous, forming a minute, vascular ring, and extending a short distance into the mucous membrane, while at the same time they become more prominent, and a little hardened to the touch. This condition presents the earliest symptoms of dysentery, viz., slimy stools, increased in number, without blood, causing perhaps, slight, griping pains and tenesmus when passed, but generally unattended by pain on pressure upon the abdomen. Immediately after this, and in severe cases, during the very first

days, ulceration begins, and is always denoted by slimy and gelatinous stools streaked with blood and attended by tormina, tenesmus, and pain on pressure, varying according to the seat of the disease and its intensity.

Second Stage.—That of complete or spreading ulceration.

This stage is characterised by the existence of ulcers more or less numerous, of various shapes, sizes, and degrees of development, round, oblong, or irregular; if small and round, often with raised edges; if irregular, with flat and levelled edges. In the same case every form may be seen, from the commencing, punctiform ulcer, to the complete, large, spreading ulcer, with lymph on its surface in nodules or layers. This period is attended with various kinds of stools: at first, these are slimy and gelatinous, becoming more and more bloody; then the stools become scanty, lymphic, and shred-like, streaked with blood or watery, muddy, and with sanious discharges. At a later period, the stools become like the washings of meat, dark and perhaps offensive. If the ulcers heal, the stools become generally, first, like lymph floating in an albuminous fluid; then yellow feculence, striated with blood is mixed with this, and then the stools gradually recover their healthy appearance.

Third Stage.—That of more or less complete cicatrization.

After a certain time, in Colo-Rectitis, when the inflammation has diminished, lymph begins to be effused over the surface of the ulcer, and between the muscular fibres of the intestine, if these form its floor. In an ulcer disposed to heal, the lymph is regularly diffused over the surface, forming a gelatinous-looking coating, which becomes gradually darker in its colour, rises to a level with the edges of the ulcer, and the surrounding membrane, and then slowly contracts, puckering to a greater or less extent the adjacent mucous membrane. After an uncertain length of time, varying from one to four months, the only marks by which it can be distinguished from normal mucous membrane, are by its greater and darker vascularity, its greater smoothness, and peculiar, glistening appearance, and by the slight contraction around it. In the majority of instances, however, the process is less regular than this; from some cause or other, greater quantities of lymph are deposited on some parts of the ulcers, than on others, and hence results a granular or nodular appearance, which after a time disappears, and the false membrane becomes levelled and uniform. In some cases

the lymph is deposited, between the muscular fibres, apparently compressing these; the ulcer is then healed, that is to say, it will not spread, and no blood escapes from it. Afterwards, another layer of lymph is slowly deposited on this muscular floor.

COMPLICATIONS.—There are numerous diseases, with which Colo-Rectitis is occasionally complicated. Beside the affection of the liver above referred to, the spleen, pancreas, and mesenteric glands are not unfrequently involved, and some practitioners have observed scarlatina, erysipelas, small pox and diphtheritic angina bearing a close relation to this disease.

DURATION AND TERMINATION.—“The duration of Colo-Rectitis, in mild cases extends from eight to fourteen days; and if we also include the convalescence and the possible after-diseases, it may extend to months. On the other hand, in some cases health is restored very promptly, sometimes after a considerable discharge of blood, or the use of the appropriate remedies, and a fatal termination may also occur in an adynamic dysentery within two or three days.”

A termination in perfect recovery, is usually accompanied by the appearance of warm perspiration; while at the same time the stools become more copious and less frequent, and gradually assume a faecal or bilious character. These symptoms are commonly accompanied by flatulent discharges downwards, by a full, free and quiet pulse, and refreshing sleep.

Relapses, however, are not uncommon, and in many cases convalescence is very tedious. Not unfrequently unpleasant residua, such as stricture of the rectum, entero-phthisis, lenteria and dyspepsia, remain even after the disease itself has apparently been conquered.

DIAGNOSIS.—This is by no means difficult. The only abnormal conditions with which Colo-Rectitis is liable to be confounded, are Hæmorrhoids, Diarrhœa, and the irritation of the mucous membrane of the intestine caused by the use of acrid substances, poisons, and drastic purges, and from these it may readily be distinguished by attention to the history of the case, the character of the discharges, and the nature of the sensations which accompany the evacuations.

PROGNOSIS.—The prognosis of Colo-Rectitis varies much with the character of the epidemic, the nature of the locality in which it occurs, and the circumstances by which the patient is surrounded.

Ordinary sporadic cases of dysentery, in temperate climates, are seldom fatal, but when it prevails in the miasmatic districts of tropical countries, or among great masses, as in prisons, ships, armies, and the garrisons of besieged cities, its ravages are often terrible in the extreme.

“Aged persons and children are in greater danger than adults; among pregnant females abortions are very common, and with the lying-in a fatal peritonitis is very likely to ensue.”

Death may result in Colo-Rectitis from a failure of the powers of life under the intensity of the irritation, from general debility, from gangrene, or from the continued wearing and exhausting effect of the combined inflammation and discharge. Sometimes, though rarely, it may occur through entero-phthisis, hectic, hydrops, or other and secondary diseases. The longer the disease continues without amendment, the greater is the danger; and a persistence beyond the fourteenth day, may itself be looked upon as a ground for great solicitude. The danger is also proportionate to the extent of the colon involved, and, if tenderness be discoverable upon pressure along its whole track, indicating a similar extent of the inflammation and ulceration, the prognostication is unfavourable.

Most of the favourable signs in Colo-Rectitis, have been already alluded to. Unfavourable symptoms are great exhaustion, a sudden cessation of the tormina and tenesmus, the occurrence of tympanites, coldness of the extremities, or a cool, clammy state of the skin in general, a livid or purplish hue about the nails, a very feeble, frequent, and irregular pulse, a dark, dry tongue, hiccough, involuntary stools, remaining open of the anus, suppression of the urine, delirium, subsultus tendinum and stupor. These symptoms when presented portend a speedy and fatal termination.

CAUSES.—The exciting causes of Colo-Rectitis may be divided into four classes.

1. All acrid agents whether produced by irritating ingesta or secretions.

In this division may be mentioned unripe and acid fruits, ripe fruits in large quantities, vegetables of difficult solution in the stomach, and unwholesome and indigestible food of all kinds; acid and imperfectly fermented alcoholic drinks, such as cider, weak wines, malt liquors, &c.; putrid water; drastic purges; worms; feculent and other accumulations in the large intestines.

2. A suppression of secretions rapidly accomplished.

There can be no doubt that cold is one of the most common of the exciting causes of Colo-Rectitis, especially when it is combined with moisture. Hence the frequency of this disease among those persons who are exposed to the cold dampness of night, after having been much heated during the day, as soldiers, who are often obliged to bivouac on the cold, wet ground, and in the open air.

3. Epidemic states of the atmosphere.

These are supposed to be caused by an unknown something, to which the name of miasm has been applied. By some it is supposed to be of vegetable, while others think it of animalculæ origin.

4. Alterations in the blood affected by some peculiar and at present unknown changes in the process of assimilation. As examples of this class of causes, may be mentioned scorbutus, purpura, &c.

Colo-Rectitis also prevails more frequently in tropical, than in temperate climates. Negroes are more subject to it than any other race. It is much more prevalent in summer and autumn, than in winter. Armies and garrisons have been peculiarly liable to suffer from it in all ages; and the records of campaigns and military marches, are full of its devastating ravages.

TREATMENT.—It is important in the treatment of this disease, that the patient should be placed under the most favorable hygienic influences. Great care should be taken to keep the person of the patient and the bed clothes clean, to remove all excrementitious matters, to ventilate the apartment, and preserve the air sweet and pure, and as far as possible, to remove the patient from the influence of causes which may have contributed to produce the disease. The patient should be kept perfectly quiet, and great care should be taken that he is comfortably warm.

DIET.—In very light cases without fever, solid, farinaceous substances, such as boiled rice, stale bread, crackers, &c., may be allowed, but in the more severe forms of Colo-Rectitis, at least in the early stage, the diet should consist exclusively of mucilaginous or farinaceous drinks. Solutions of gum-arabic and arrow-root, gruels of farina, oatmeal or rice flour, and decoctions of sago, tapioca or Irish moss, are suitable preparations. Milk porridge, made of well cooked milk and flour, is perhaps the very best article that can be used. In cases which are not very severe, a baked apple may

occasionally be allowed. Cold, fresh water, is considered objectionable, from its tendency to aggravate the tormina and tenesmus. Meats, soups of meats, eggs and all animal food, are very injurious, while wine or other spirituous drinks are rank poisons. In convalescence, the patient should, as a general rule, be confined to milk, butter, and farinaceous substances, until recovery is confirmed. Milk porridge made of Indian meal and well cooked milk, is here an excellent, and to most patients, a very palatable article of diet.

"The white of an egg beaten up in water, in the proportion of an egg to a half pint of water, and sweetened with sugar, has been given with benefit as a drink."

"Injections of thin starch, or what is far better, white of egg in water, prepared as above, are often very comforting to the patient, and if agreeable, there is no objection to their employment." Melted butter has also been used with asserted advantage.

"Often much relief will be afforded from sitz baths of tepid water, in which the patient may remain from five to ten minutes, according to circumstances, and they may be repeated from time to time, as occasion seems to require."

The principal medicines in Colo-Rectitis, are Aconite, Mercurius-corrosivus, Mercurius-solubilis, Nitric acid, Aloes, Pulsatilla, Colocynth, Arsenicum, Nux vomica, Rhus-toxicodendron and Sulphur.

Other remedies often very serviceable, are Colchicum, Cantharides, Carbo-vegetabilis, China, Chamomilla, Ipecac., Belladonna, Veratrum and Bryonia.

We shall only give the more prominent indications for the use of a few of the above named medicines, in this Essay, and refer the reader to the Symptomen-Codex, and especially to the treatise of Dr. Humphreys upon this disease, for the symptoms demanding the employment of the remainder.

Aconite: "At the commencement of the disease, and when we have *high inflammatory fever; full, quick pulse; hot, dry skin; colic pains and tormina; frequent small soft stools with tenesmus;* or where there are rheumatic pains in the head, nape of the neck, and shoulders, chills, heat, and thirst."

Merc. corros. "This is justly regarded as the chief remedy in most forms of dysentery. It is particularly indicated in autumnal dysenteries, when the days are hot and the nights cool, and where we find *very frequent, small stools of bloody mucus, or of chopped*

up greenish masses mixed with blood, continuing day and night, with almost constant cuttings in the bowels, and an insupportable and painful urging and tenesmus."

Nitric acid. The symptoms of this remedy are a *constant pressing* in the rectum, *without any*, or only very slight discharge. *Bloody dysenteric stools* with tenesmus, fever and headache over the whole head. Frequent stools consisting *only of mucus*, sometimes with cuttings in the abdomen, and violent tenesmus, *constant urging to stool without success*, or with only very slight discharge. *Long urging and pressing* to stool, which passes off with great difficulty, although quite soft. There is frequently great heat, constant thirst, and an unequal intermitting pulse."

Aloes. "Abdomen distended and sensitive to the touch; violent pressing, *burning*, and rending pains along the course of the colon, sometimes mingled with cuttings; fluid, slimy evacuations, mixed with blood, and attended with *violent tenesmus*, heat and *faintness when at stool*; *burning* in the rectum; violent colic; *excoriation about the anus*; heat and thirst, tongue inclined to be dry and red."

DOSES AND ADMINISTRATION.—Aconite, Aloes, and Nitric acid, may be given at the sixth potency, but Mercurius corrosivus appears to be more efficacious at the twelfth and thirtieth.

EPIDEMIC CHOLERA

In the summer of 1850, in the districts of Gieboldehausen and Krebeck, treated homœopathically by E. Ph. Engelhard, M. D. Translated from the "Allgem. Hom. Zeitung" by Charles J. Hempel, M. D.

INTRODUCTORY REMARKS.—Dr. Wachsmuth, was assistant in the academic hospital of Göttingen, who treated the epidemic alloëopathically in the same districts where I conducted the homœopathic treatment of this scourge: I feel called upon to publish the results of my own experience in the treatment of cholera. Unfortunately, being attacked by the epidemic myself, I was unable to attend to out-door treatment except during the first fortnight and the last two months of the epidemic, and, for three weeks, had to content myself

with reports that were sent to me, and agreeably to which I prescribed my remedies. In the epidemic of Krebeck there was no other physician beside me, except during the first eight days, when Dr Habenicht had charge of my patients, but who had to give up practising in consequence of being himself laid up with the epidemic.

Gieboldehausen, which is a town situated about eight miles north of Nordheim, on the so-called Untereichsfield, numbered, previous to the last conflagration on the 3d of July, 1850, about 350 houses and 2700 inhabitants. It is situated between two rivers, the Rhuma and Hahle, which unite near the town in a north-westerly direction; south-east it is bounded by the Wakeberg; north-east by the Rothenberg, which is about 800 feet high, and is three quarters of a league distant from the town; towards the north we have the Tischenberg, about 400 feet high, and towards the west the Hohberg, of about 300 feet. These mountains form a beautiful valley, along which the Rhuma and the Hahle course, and which enjoys on all sides a perfectly free access of air. Gieboldehausen is built on a declivity in such a manner that some of its seven streets are about 130 feet higher than the rest. All these streets are paved, but the town has moreover some unpaved alleys, which are bordered with small dirty houses.

The rural dependencies of the place were quite productive in former times, and the inhabitants derived a good deal of opulence from agricultural pursuits and from cattle-raising. During the last 20 years, however, the population having increased a good deal, the surrounding country had to be divided into a good many small portions, and hundreds had to emigrate and endeavor to obtain a livelihood on the rail-roads and in the sugar-houses of Magdebourg. There they had to content themselves with poor fare, and not a long period elapsed before epidemic diseases, such as typhus, cholera, etc., broke out amongst them. The various forms of epidemic typhus with which we have been visited in latter years, have undoubtedly been brought to us by returning emigrants.

In the adjacent districts of Bodensen, Rollshausen, Seeburg, Rûdershausen, I have treated hundreds of typhus patients who had contracted their disease by contact with patients from Magdebourg. There cannot be any doubt on this point. Six weeks ago a girl arrived here from Magdebourg, affected with typhus, and since then upwards of one hundred patients have come under my treatment.

If a house is invaded by the disease, every inhabitant of the house generally contracts it. The diseases with which this district is most generally visited, are of a gastric-nervous, or of a catarrhal-rheumatic, and occasionally of an inflammatory character, but the typhoid type generally lurks in the back-grounds from the commencement of the attack. I have now practised medicine in this place for the last 19 years, and I have constantly found that sanguinous depletions proved injurious even in diseases which seemed to have an inflammatory character. Our epidemic was not preceded by fever and ague, which is said to have been a precursor of cholera in many places; though I ought to observe that we are frequently visited with intermittent fevers having a gastric type.

The inhabitants of Gieboldehausen are generally industrious, and attend to their various labors with great perseverance; a few of them are given to drinking, but among the middle class, which is by far the most numerous, there is not a single drunkard, properly speaking.

Krebeck, which is about a league and a half distant from Gieboldehausen, is situated at the foot of the Lauseberg, where several quarries are worked during the summer season by a portion of the inhabitants who are masons and stone-cutters. The place is surrounded by hills of about a hundred feet high, and is built upon a level which has a fine current of air from the south-east, and is composed of two rows of houses, among which there are several large farms with dirty and small dwellings. Beside the main-road, the place has several very dirty and swampy alleys. Near the village, towards the south, there is a so-called fire-pond (a phosphorescent bog). A small rivulet flows by the village. About a quarter of a mile distant from it, extends a large swamp, where several of the inhabitants spend the summer in digging peat.

Krebeck has about 160 houses and 900 inhabitants, who are given to agriculture and cattle-raising. Most of them, however, are compelled, for a living, to attend to other pursuits beside agriculture, such as stone-cutting, bricklaying, etc., on which account a number of the inhabitants travel in the spring to Hamburg, Hanover and other cities.

The general type of the diseases in this village is the same as in Gieboldehausen, gastric-nervous, or catarrhal-rheumatic-nervous, very seldom purely inflammatory. A number of young men die of

pulmonary phthisis which they contract in consequence of their business and of the excessive use of brandy, though the inhabitants are otherwise industrious.

1. *Invasion of the epidemic in Gieboldehausen.*

On the 28th of June, 1850, I was called to a patient who, for the last 48 hours, had been complaining of violent stitches in the right side of the chest; the pain was aggravated by coughing and drawing a long breath; the stitches had been preceded by a chill. Violent vomiting and diarrhœa had supervened, and had become so violent after the patient had taken an emetic which had been got from an apothecary, that the patient came near succumbing to the effects of the poison. His face was pale, the head hot, drenched with sweat; the eyes had retreated into their sockets; the tongue was covered with a thick, white phlegm; the patient was suffering with a frightful anguish, complained of a distressing burning, and had to vomit and to pass stool after every swallow of water; the evacuations, which were at first yellowish, were watery and white. He complained of violent pains in the calves and abdomen; the stitches in the chest continued; he fainted when endeavoring to go to stool; his pulse was small and very frequent; his voice had become hoarse. I prescribed *Aconite*, *Ipecacuanha*, *Veratrum*, *Cuprum*, *Phosphorus*, *Arsenicum*, but without any success; death soon terminated the scene. A post-mortem examination was not allowed, and the body soon began to be decomposed. Whether this attack of cholera was induced by the antimonial wine which the patient, to whom I had never whispered a word about cholera, had taken; or whether the patient had really been infected with cholera, as in his last moments he declared he was: I will not decide; he said that he had been near the Prussian village of Luederode where some cases of cholera had happened.

Eight days after this event, on the 3d of July, 80 dwellings and 120 smaller buildings were destroyed by fire. For two days and nights the inhabitants were employed in putting out the fire, until they were completely exhausted and their spirits were crushed. They lost all they possessed, and had to crowd together in barns and stables for shelter. Was it to be wondered that a single case of cholera should produce such a destructive epidemic among a population that was eminently predisposed for the disease?

On visiting a patient who had been dangerously wounded during
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the fire, I met in his house which was built near a ditch filled with stagnant water, a girl of 17 years who had returned from Magdebourg on the day previous, and whom I found attacked with the following characteristic symptoms :

She had had frequent attacks of vomiting and diarrhœa ; according to the statement of the mother the alvine evacuations had been yellowish heretofore, now they were watery and mixed with white flocks. She complained of a violent burning in the pit of the stomach, showed great desire for cold water, and suffered excruciating pains in the calves and a distressing anguish in the præcordial region. Her face was pale, expressive of apprehension, pulse small and frequent ; tongue coated with white mucus. I prescribed *Veratrum album* 6, one drop in three ounces of water, a teaspoonful every fifteen of thirty minutes ; as a beverage I ordered cold water. After taking a few doses, she felt considerably better, and in a few hours she had recovered her health. On the following morning I was called to a boy of seven years who resided next door, and who had been troubled with vomiting and diarrhœa since midnight.

Symptoms : vomiting less frequent ; he passed stool without being conscious of it, the evacuations being flocculent and resembling rice-water ; he was in a state of apathy ; his face was blue, cold, eyes hollow, surrounded with blue margins ; nose pointed, tongue blue and cold ; a cold breath rushed out of the mouth ; the cramps in the calves were said to have been more violent during the night than they were in the morning. The urinary secretions were entirely arrested, the pulse was scarcely perceptible, the whole body was covered with a cold sweat, the forehead was hot, the voice was quite hoarse and no articulate sounds could be distinguished except when the patient cried for water. Gave *Arsenicum album* 6, two drops in two ounces of water, a teaspoonful every quarter of an hour ; moreover I had the boy rubbed with warm flannel. There not being any change after the third dose, I gave *Carbo veg.* 12, two drops in two ounces of water, a teaspoonful every fifteen minutes ; had cold water bandages applied to the extremities. The patient continued to grow worse, and died at the expiration of two hours. A post-mortem examination was not allowed. The corpse soon became quite rigid. Next day I was called to a girl of ten years, residing about two hundred feet from the former patient.

This girl had been attacked about midnight, and showed the same symptoms as the boy. I gave *Carbo veg.* 6, three drops in three ounces of water, a teaspoonful every fifteen or thirty minutes; had her rubbed with warm flannel, and gave her small quantities of cold water for a drink. After the second dose the patient was better, and was quite well again in the evening; the child was sitting up in bed, eating a piece of brown bread and pancake. I told the parents that her daughter would have a relapse, which indeed took place in the night and speedily terminated in death. All my doubts concerning the existence of Asiatic cholera were henceforth dispelled; but inasmuch as my alloëopathic colleague considered the disease a simple form of cholera-morbus, no official notice was taken of the epidemic. The disease continued to spread in this street; on the following morning three persons were attacked in the same house, a man of 52 years, a girl of 14, and a boy of ten. These three patients were quite as sick as the first patients had been; the father and daughter were saved, but the boy died on the third day of the attack. The father had been phthisicky for years, but after recovering from the cholera his health was better than ever. Afterwards this man's brother and his son were attacked, but recovered very speedily. In the course of the epidemic it became a general rule that, if one person was attacked in a house, all the rest of the inmates were likewise visited with the malady. The cause of this was probably that so many persons were crowded together in narrow rooms. The state of the mind must have likewise favored the spreading of the disease. Frequently a house was skipped by the epidemic, but, in that case, the house was generally visited at a later period. In the house where the above-mentioned girl resided, three other persons were afterwards attacked, but the injured brother remained free from the disease. Until the 15th of July the epidemic was confined almost exclusively to this street, and what cases occurred in other parts of the town, were mostly cases of simple cholerina which were frequently induced by the excessive use of chamomile and peppermint-tea that had been recommended as preventives against cholera. Having passed from one end of the street to the other, the disease invaded the Eulenröder-street, built on marshy ground and running close along the bed of the Rhuma. The narrow and dirty houses of this street were likewise crowded with people in consequence of the fire, and the air was so sultry

that it was almost impossible to respire it; even the swallows were driven away, and did not return to their former nests until the epidemic had entirely ceased; I am perfectly certain that this observation is correct. When the epidemic had reached its height, the more elevated portions of the town were likewise invaded, so that 27 persons died within 24 hours. Although many dwellings remained free from cholera, yet the character of the epidemic was as malignant here as in the more unhealthy portions of our place, and many of the more opulent inhabitants died victims of the disease. In that part of the town which is built upon the most elevated ground, there was not a single house where not somebody died of cholera. The statement made by my alloëopathic colleague, Dr. Wachsmuth, that only the poorer classes were visited by the disease, seems therefore incorrect. On the contrary, many of the richer class were likewise attacked, and died. If the cholera remained more concentrated and spread more rapidly in the lower streets, it was, in my judgment, owing to the marshy ground, to the stagnant water, and to the crowded state of the houses. At a later period the disease passed beyond this locality, and invaded, for instance, the neatly-kept and finely-situated inn, a few minutes' ride from Gieboldehausen, the four inhabitants of which were all attacked, three of whom died under alloëopathic treatment, and only one of whom, the mother of the family, was saved by homëopathy. Neither age nor sex remained free from the epidemic. Men of 70, and children at the breast were attacked alike, and sometimes treated with more success than young persons in the full vigor of health. It was precisely robust men and women that were struck down with the most violence. Until the sixteenth day of the epidemic I treated the disease alone; at this time the patients grew so many that my alloëopathic colleague had likewise to be consulted, who now condescended to consider Asiatic cholera what he had heretofore given out as mere cholera-morbus. A report which I sent to Professors Fuchs and Baum of Göttingen, brought them to our town on the 17th of July, in order to gather some information concerning the epidemic. On the 21st of July, Professor Herbit, Dr. Wachsmuth and several students of medicine arrived here for the purpose of assisting us in controlling the epidemic.

From this day I had to keep my bed, on account of the precursory symptoms of cholera developing themselves very strongly in

my case. I succeeded in preventing a complete outbreak by means of *Chamom.*, *Ipecac.*, and more particularly by means of *Veratrum*. Nevertheless, upwards of fifty persons sought my advice every day during my sickness, and I saved many a one who had been given up as hopeless by the allopathic physicians.

As soon as the epidemic broke out I gave *Veratrum* and *Cuprum* to a number of persons as preventives, and I am sure that great good has resulted from the prophylactic virtues of these drugs. My whole family, my wife and eight children, to whom I gave these two drugs alternately every day, have remained free from the disease; nor do I know of a single case of genuine cholera where these prophylactics had been taken previously.

Precursory stage of the epidemic.—The real outbreak of the disease was generally preceded for a shorter or longer period by precursory symptoms; at any rate, I have not seen a single case where the patients were not troubled for some hours by diarrhœa or some other morbid symptoms before the disease became fully developed. Even if caused by the most violent mental emotion, the attack was generally ushered in by diarrhœa, after which the disease rapidly invaded the organism with the most frightful intensity. The precursory symptoms either were of a nervous kind, such as a feeling of malaise, general lassitude, debility, vertigo which sometimes was only perceived on stooping or raising the head again, and a sort of dulness of the brain as from previous intoxication. The patients looked pale, were restless, anxious, did not sleep well, or the functions of the lungs, heart, stomach or abdomen were disturbed. They frequently uttered deep sighs, and the chest felt as if oppressed by a heavy weight. The pit of the stomach was distended, sensitive to pressure; a pressure was felt in this region as from some heavy stone, (this feeling was admirably relieved by *Chamomilla* 2); or a throbbing was experienced instead of the pressure. There was an alternation of chills and heat; many felt creeping chills through the whole body as soon as they were in the remotest degree exposed to the atmosphere. The least effort or exercise excited perspiration. The pulse was generally natural, stool hard, taking place every three or four days only. Frequent rumbling in the abdomen, and a sensation as if the bowels were adhering to the spinal column, accompanied with a drawing sensation on raising or turning one's self in bed. The appetite was bad, and the lightest nourishment

induced a feeling of distress. The tongue was lined with a whitish mucus, and exhibited a peculiar *whitish-blue* color along its borders. The taste was generally insipid, slimy, sometimes bitter; eructations frequently afforded relief. In the tips of the fingers a tingling cold feeling was experienced, and the legs felt so weak that it was only with a great effort that they could be dragged along. If these precursory symptoms were disregarded, or if a proper diet was not observed, cholera and even genuine cholera broke out in three or four days. This was particularly the case with persons who had used excessive quantities of chamomile or peppermint tea, or had taken so-called cholera-bitters as a preventive against an attack; on which account I made it my business to dissuade every body from the use of such drugs.

TREATMENT.—If called to a patient who complained of these precursory symptoms, I at once sent him to bed, had him covered up very warmly, and, if necessary, had warm bottles put to his feet, and then prescribed one of the following remedies:

1. *Spirits of Camphor*, one drop every half hour, in a little tepid water, or on a lump of sugar, when the patient had a robust constitution, and the following symptoms were present; cold hands, tingling and numbness in the tips of the fingers, great lassitude and cloudiness of the brain. Weakly patients or children seemed to get worse under the action of this drug. If the remedy was applicable to the case, a few doses were sufficient to induce sweat, and a sleep of several hours' duration, from which the patients woke with renewed strength, and without requiring any further treatment. Camphor was not always indicated; in most cases I had to resort to

2. *Veratrum album* 6, especially when the following symptoms were particularly prominent: violent anguish in the præcordial region, sensation of a heavy load on the chest obliging the patient frequently to draw a long breath, and more particularly a sensation as if the bowels were adhering to the spinal column, with drawing pains on turning one-self in bed. Hard or soft stool was no counter-indication. If these symptoms did not yield perfectly to veratrum in forty-eight hours, I then gave alternately with it

3. *Ipecacuanha*, which never failed to help when the attack was owing to eating fat meat or fresh cake. In many cases the symptoms indicated

4. *Chamomilla*, especially when the attack was caused by a fit of

ague, and the patient complained of bitter taste, pressure in the pit of the stomach as from a stone, and disposition to qualmishness. If Chamomilla had no effect, I resorted to

5. *Colocynthis*, more particularly when there were violent cutting pains in the umbilical region, which were, however, seldom present.

6. *Nux vomica* was found useful, when the other symptoms were accompanied by violent cardialgia, and obstinate constipation.

I never found it necessary to use any other medicines in the precursory stage; one or the other of these remedies soon excited a gentle perspiration, which afforded great relief and terminated in perfect recovery within 48 hours, provided the patients kept their beds.

The diet consisted of light soups; coffee, tea, chamomile, peppermint, wine, beer, and the so-called cholera-bitters had to be avoided. For a drink I prescribed fresh water, either pure, or mixed with a little milk or raspberry-syrup. A strict diet had to be continued for some time after the cure, in order to prevent a relapse. If the precursory symptoms were not arrested by treatment, which was generally owing to errors in diet, a constitutional taint, or to the inherent character of the disease, the attack generally set in fully on the fourth day. In some districts cholérine was the common disease, but not a single case of genuine cholera.

Cholérine was characterized by the following symptoms: dulness of the head, especially of the forehead, frequently with a sensation as if a board were pressed against the latter. The features were expressive of suffering, the eyes were sunken, the tongue was coated to the tip with a peculiar whitish, viscid mucus, and had a peculiarly pale appearance; rumbling in the abdomen, painless or sometimes painful diarrhœic stools in rapid succession; in some cases the discharges were at first mixed with fæces, green or whitish-yellow, but afterwards, when the attack threatened to assume the form of genuine cholera, they changed to white flocks. After a while nausea supervened, but rarely vomiting. There were cases, where vomiting and diarrhœa set in simultaneously, especially when the patients had committed errors in diet. Most patients continued to have a little appetite, and even if they did not feel hungry, they did not show any aversion to the food that was offered them. The thirst was generally intense; the skin became moist after the least exertion; I have seen patients drenched with sweat, even while they

were lying quietly on their beds. Weariness and lassitude in the arms and legs were excessive, the pulse sometimes remained unchanged, but was frequently small and hurried. If the patients applied for aid at once, the diarrhœa and the other symptoms were arrested with wonderful rapidity; but if the patient neglected themselves, kept about, drank bitters, as I saw many robust persons do, a violent fainting turn generally set in on the fourth or fifth day, which was suddenly followed by diarrhœa and vomiting, and a full development of the disease in the second or third stage; many a one died under such circumstances. Typhoid fevers with sopor, which other practitioners have observed in cases of cholérine that was not followed by genuine cholera, have never occurred in my practice. In general I have never seen any sequelæ after cholera treated homœopathically.

Treatment of Cholérine.—If the patients were still about, I ordered them to bed, had them covered up warmly, and warming-pans applied to the extremities and bowels. I prescribed one or the other of the following remedies:

1. *Phosphorus acidum* 2, four drops in two ounces of water, a teaspoonful from every hour to every two hours; children half this quantity. In some cases this remedy had a wonderfully rapid effect, especially if a certain degree of debility had already set in, the eyes were surrounded with blue margins and hollow, and the diarrhœic stool was preceded by a painless but violent rumbling.

2. *Ipecacuanha* 2, one drop or half a drop every hour or two hours, if the diarrhœa was accompanied by nausea or vomiting, and the attack had been caused by fat meat or pastry. Most frequently a cure was affected by

3. *Veratrum* 4, same dose as *Ipecac.*, when the vomiting was accompanied by violent anguish in the præcordial region and by restlessness; I have met cases, however, where all the other symptoms yielded to *Veratrum*, but where the diarrhœa remained unchanged, or even threatened to assume a white flocculent appearance; the eyes were sunken and surrounded with blue margins. *Phosph. acid.* effected a rapid improvement in such cases. It seemed as though *this acid* acted better in hot, and *Veratrum* in cool weather.

4. *Secale cornutum* frequently proved useful in cases of painless diarrhœa, accompanied with violent and loud rumbling in the

bowels. The discharges were generally white and watery. In some cases the symptoms indicated

5. *Chamomilla*; such symptoms were a violent pressure in the pit of the stomach as from a stone; green stool, bitter taste, etc. If none of the above-mentioned remedies helped, I resorted to

6. *Arsenicum album* 6. The debility was excessive, and cholera was fast setting in, especially in the case of children.

7. *Sulphur* 6, was given when some latent psoric taint seemed to prevent any of the above remedies from acting. In cholera I found little benefit from spirits of camphor, except in a few cases; moreover the patients did not like this drug.

As a general rule the diarrhoea, and all the other symptoms yielded within 24, 48, or at most within 72 hours; if this was not the case, cholera was sure to set in. This depended upon the state of the mind, errors in diet, some latent dyscrasia, or the natural character of the disease.

Patients who had recovered, had to be on their guard for some time to come against colds, violent emotions dietetic transgressions; such causes easily brought on relapses, which generally terminated fatally. The diet during the treatment consisted of thin gruels, milk and water, etc. Fresh water, or water mixed with a little milk, are the common beverages.

(TO BE CONCLUDED IN THE NEXT NUMBER.)

TEACHINGS OF COMMON SENSE.

IN attempting the overthrow of homœopathy, our opponents have much to say about *common sense*; what do they mean? The term is certainly susceptible of definition, and is to be distinguished from all other terms in our language. Common sense, and common belief, are often used as synonymous terms, and if not precisely of the same import, they may go well together, for it is true, that men believe a thing as they are made sensible of its truth. In the recent attacks upon the doctrines of Hahnemann, the authors have attempted to show by arithmetical computation, that the attenuation of medicines is at variance with common sense, but there are two sides to the question, as follows:

ALLOPATHIC SIDE.

At variance with Common Sense without the possibility of Experiment.

The allopaths represent the homœopathic attenuations as being equivalent to a mere mixing of one drop of the tincture, with 99 drops of alcohol for the first attenuation, 100 drops of this with 10,000 for the second, 10,000 of this with 1,000,000 for the third, and 1,000,000 of this with 100,000,000 for the fourth, and 100,000,000 of this with 10,000,000,000 for the fifth, and so on, up to the 30th, requiring for the latter more alcohol than all the waters in the universe would amount to, if turned into the material. To effect a mixture in this way, therefore, is utterly impossible, at variance with common sense, and demonstrably untrue by the arithmetic.

2. The allopaths maintain that

HOMŒOPATHIC SIDE.

In accordance with Common Sense, as verified by Experiment.

The homœopaths represent their attenuations as follows: The first is one drop with 99 of alcohol, which is shaken until its particles mingle with the entire fluid, constituting of course an entirely different material of the whole. The 2d attenuation is one drop of this new material, with 99 of alcohol, and shaken as before, until the whole liquid is embued with the drop.

The 3d attenuation is one drop of the 2d, with 99 of the neutral medium, and shaken until its particles are diffused through the whole.

The 4th attenuation is one drop of the liquid with 99 of the medium, and treated in the same way, and so on in succession, up to 30th, or higher, requiring only about one pint of alcohol to make the whole.

To carry up the attenuations in this way, is easily accomplished; and the medicinal virtue developed by the process, has been a thousand times demonstrated by the experiment. It is therefore common sense to believe what becomes thus verified.

2. The homœopaths maintain

it is at variance with common sense to admit that medicinal attenuations develop any latent medicinal influences; that no change of any moment takes place by the manipulation of shaking, or by trituration; that it is nonsense to try the experiment, although hundreds of honest truth-loving men, maintain the contrary opinion.

3. The allopaths maintain that it is at variance with common sense to suppose, that any inert substance can be rendered medicinally active, by merely a mechanical division of its particles by trituration with a neutral medium. Notwithstanding mercury, iron, and many other substances, are found perfectly inert in their crude or massive form.

4. The allopaths maintain that mercury, iron, &c., owe their increased action, to chemical change in uniting with the medium in which they are prepared for medicinal use, and not to the minute mechanical division brought about by filing or tritu-

that it is in accordance with common sense to suppose that the given quantity of any neutral medium, may become thoroughly and completely medicinalized, by the addition of a drop or grain of medicine, if thoroughly shaken or triturated; and invites to the experiment as a means of proof. They further maintain, that common sense would dictate that the experiment should be fairly and thoroughly tried, before a judgment is passed upon it.

3. The homœopaths maintain that it is in accordance with common sense to suppose that many inert substances may be rendered medicinally active and even poisonous, by trituration with some neutral medium, as is instanced in the trituration of mercury with sugar or lard, or iron filings with other neutral mediums. While but little or no effect can be obtained from either in the native or massive form, a marked effect can be obtained from both, in their minutely comminuted form, as obtained by filing and trituration.

4. The homœopaths maintain, that the medicinal virtues of iron and mercury, cannot be obtained without minute mechanical division of their particles,—that would facilitate whatever chemical change with the medium that might be necessary to de-

ration, as the homœopaths maintain, for this would be at variance with *common sense*.

5. The allopaths repudiate the idea as being at variance with *common sense*, to suppose that chalk or silex, subjected to the same manipulation as mercury, might become active medicinal agents, although they have never tried the experiment, neither will they, because it is so ridiculous.

6. The allopaths maintain that medicinal power, or matter, cannot be multiplied through mediums by any manipulation whatever, that although vaccination may multiply through living mediums; so that from one pustule, the whole family of man may imbibe the virus. Yet it sustains no analogy to the multiplication of medicinal power through mediums; because, vital forces are present to effect the multiplication in the animal kingdom, whereas it is at variance with *common sense* to suppose any thing analogous can effect such multiplication, in the inferior kingdoms of nature.

velope their activity as medicinal agents. They would, therefore, recommend trituration as a *common sense* measure, to bring about the result.

5. The homœopaths maintain, that it is a *common sense* inference that other inert substances than mercury, can be rendered medicinal agents by trituration, for they have tried the experiment, and found the inference to be correct, and moreover, they regard it a *common sense* measure, to experiment with all such materials, for the purpose of eliciting truth with regard to them.

6. The homœopaths maintain that medicinal power may be multiplied to an indefinite extent through mediums—that it is as possible that a whole phial of alcohol may be medicinalized, by a single drop or grain, as that the whole animal body may be affected by the sting of a wasp or prick of a pin, first introduced into a small-pox pustule; the one may be affected through the agency of vital forces, and the other through chemical, electrical or magnetic forces; and they further maintain, that it is perfectly reasonable, and in accordance with *common sense*, to suppose that this analogy holds good throughout all the departments of nature.

7. The allopaths maintain that it is ridiculous to assert that an inappreciable dose of medicine can have any effect whatever in removing disease, although in the first place the disease may have been imbibed from subtle malaria, so attenuated as to defy all attempts at detection.

8. The allopaths maintain that it is inconsistent with *common sense*, to maintain that medicines can be administered by olfaction, so as to produce any appreciable effect upon the general system. Although the rose may sicken, and musk may cause syncope, yet there is no reason for attributing to either, any medicinal effects for corresponding states of the system.

9. It cannot be maintained according to the principles of common sense, that the bowels can be excited to action by olfaction, or that a functional obstruction of the bladder, or that of the outlet of any other organ of the body, inasmuch as something

7. The homœopaths maintain that doses which can scarcely be said to be material, are capable of exerting an influence upon highly sensitive and diseased conditions of the living system, when administered upon the principle "*similia similibus*," because disease has rendered the system susceptible to their action. That it is by no means ridiculous to assert a fact, manifest from observation, although at variance with preconceived notions.

8. The homœopaths maintain that any susceptible or impressible state of the system, may be modified or entirely changed by remedies administered by olfaction, as may be manifest from the effects of odors, which cannot be weighed or measured, and this is true of the most inappreciable, as well as of those of a sensible character; and experiment has verified the fact, that pain has been relieved, and the condition of the system has been changed by the administration of remedies in this way.

9. It is reasonable to suppose that an influence may be imbibed into the system by olfaction, capable of exerting an influence over all the functions. A rose applied to the nostrils of some, will sicken the stomach, while it will prove refreshing to others.

more tangible is requisite to remove such obstacles.

10. Common sense would dictate that an emetic should be given, to evacuate the stomach, or a cathartic to evacuate the bowels,—provided these organs are deranged, either through fever or from cold, or any other influence whatever. For when fever constipates the bowels, they should be opened by a cathartic, or when the stomach is disordered, its foul contents should be thrown off, and this will drive fever and other disease from the system; or if a cold operate to produce derangement of the *primae viae*,—either constipation or the reverse, what can be a more common sense measure, than a forcible evacuation of the bowels?

11. When fever first produces constipation, and then headache, and then vomiting, and other symptoms, it is common sense to look upon the constipation as the cause of the whole difficulty, which a cathartic will remedy, although it may occasion consi-

Musk will do the same, and so will almost every odor. Now is it possible for the system to become affected in any manner through the sense of smell, without affecting all the functions in some way, and may not torpidity of the bowels, bladder, or even the stomach, be overcome by reason of such influence?

10. It would seem to be at variance with common sense, to suppose that the stomach can be benefitted by an emetic, or the bowels by a cathartic, when both are already prostrated by disease; but it would savor more of common sense, to administer some mild remedial agent that will restore both, to normal life and action, and then there would be no need of expelling the contents of these organs,—for such would be disposed of in supplying the wants of the economy,—and besides, no violence would be done to the organs themselves, so as to disable them from performing their proper functions afterwards.

11. When fever is the cause of constipation and the usual train of consecutive symptoms,—does not *common sense* dictate, that the former should be overcome by some remedial agent that will reduce the arterial excitement, and then would not all the other

derable prostration that will require a little time to recover from.

12. It certainly comports with common sense, to resort to reducing treatment when there is an intense arterial excitement, and therefore, bleeding and purging are necessary,—these measures must certainly do good, and no harm can come from them.

13. The idea of treating any violent disease without corresponding violent measures, is at variance with *common sense*, for some cases will require copious bleeding,—some hydragogue cathartics, some emetics, some powerful diaphoretics,—others will require diuretics, &c. Inflammatory diseases, will require the lancet, sudorifics, cathartics and the like. Bilious difficulties will require emetics and other evacuents,—and Cholera and other abdominal diseases, will require powerful stimulants, counter irritants, and all reasonable hopes must be based upon revellents of some kind or other, and homœopathic treatment will never answer the purpose, and should not be relied upon.

symptoms disappear as a matter of course, without the necessity of creating a prostration, that will require considerable time to recover from.

12. Is it not in accordance with common sense, to maintain that any reducing treatment will deprive the system in a measure, of its vital resistance to disease, and will not bleeding and cathartics deprive the system of that which it really needs to sustain it,—and will not disease be likely to prove more formidable as the consequence?

13. The idea of rendering the best possible aid to the most violent struggles of the system to rid itself of disease, forbids the use of violent measures, such as bleeding and prostrating revellents, for it has been found by experiment, that attenuated remedies, administered upon the *similia similibus* principle, will operate in producing the most speedy reaction, whereas, violent evacuents more frequently retard the operations of nature, or prostrate her energies, because they tax the vital powers and inflict an additional burthen upon the system. It is therefore evident, and in accordance with *common sense*, that homœopathic treatment will best answer the requirements of nature, and produce the most desirable results.

From the foregoing it will appear, that allopathic treatment professes only to be the indirect method of exterminating disease by measures quite as deleterious as the disease itself; whereas, homœopathy prefers to be the direct method of striking at the cause, without inflicting any additional suffering upon the patient.

Experience in practising upon the principles inculcated in both schools, justifies the assertion, that homœopathic treatment best answers the benevolent design of the profession; and *common sense* would seem to dictate, that the facts of experience ought to have more weight in determining the question, than mere prejudice and preconceived opinions.

We may obtain something further to substantiate the claims of homœopathy, by contrasting what is regarded reasonable and unreasonable, in both the old school and the new, viz:

1. It is regarded reasonable in the *old school*, that all useful remedies should act upon the system, either in a chemical or mechanical way, plainly manifest to the senses. That it is necessary to apply these forces in the extermination of disease.

2. It is regarded reasonable in the *old school*, to divert a diseased action from an internal vital part, to some of the external parts, by the use of revellents, such as blisters, cups, setons, moxas issues, &c., which are termed counter irritants.

1. It is regarded reasonable, in the *new school*, to discard the use of all such agents as are designed to act chemically or mechanically,—because such forces do not aid the recuperative powers of nature to throw off disease. That it is necessary to address remedies to the vital forces, to act in accordance with them, in order to restore health and free the system from disease.

2. It is regarded reasonable, in the *new school*, to address remedies to the vital forces, that will equalize the circulation, and promote a healthy action of all the functions, and then there will be no necessity for revellents, so cruel in their effects and so well calculated to deteriorate the vital condition of the whole organism, to withdraw disease from one part to another, for it would cease to exist when the equilibrium of the system is restored.

3. It is regarded reasonable, in the old school, to administer drugs in massive or large doses, and that the medicinal effects of some will be to cause vomiting, others to produce violent evacuations from the bowels,—others to produce copious perspiration from the skin, and others to promote an undue action of the secretory organs, and others to force sleep, &c.

4. The *old school* regard it reasonable to produce violent effects from drugs, in order to relieve the system of disease; that it is right to produce intense weakness or prostration to accomplish the end in view, although the effects of the drugs may be more severe than the effects of the diseases they are intended to relieve.

5. The *old school* regard it unreasonable to expect any remedy to do good, unless of itself it has the power of making the patient sick, or in other words, that a remedy to do good must necessarily possess the power of doing harm.

6. The *old school* regard it reasonable to relieve a foul sto-

3. It is regarded reasonable, in the new school, to look upon large doses of drugs as poisonous, that the stomach will revolt at some and strive by vomiting to rid itself of their poisonous presence,—that the bowels will also struggle to do the same,—that the kidneys or skin when assailed will put forth their respective energies, to rid themselves of such assailing agents, and all these manifest struggles, bespeak the effects of poisons rather than of medicines.

4. The *new school* regard it reasonable to discard the use of drugs, on the account of the dangerous violations they inflict upon the vital economy; that it is unreasonable to create an intolerable suffering, that may continue for days, for the purpose of relieving the system of one, often less painful and of more easy endurance, when it is plain that the disease can be more speedily removed without such a resort.

5. The *new school* regard it unreasonable, that a remedy, in order for it to do good, must act against the vital forces of the system, for this would be equivalent to maintaining the absurd dogma, "that violence must be done to life, in order to save it."

6. The *new school* regard a foul stomach simply, the evidence

mach, by throwing the organ into convulsions, or in other words, by exciting it to convulsive vomitings; and if the organ is torpid and does not perform its office well, or in other words, if food taken into the stomach does not become digested without occasioning pain, the stomach is either made to disgorge its contents, or their digestion is forced by stimulants. The attention being turned exclusively to what the stomach contains, rather than to the condition of the organ itself.

7. It may be said in general terms, that nothing is regarded reasonable in the *old school* claiming to be of a remedial character, that operates unobserved in the body, but only such as can be duly appreciated by sensual observation. That curative means will vomit, purge, sweat, abstract the blood, &c., &c.

8. In conclusion, the *old school* teach that it is reasonable and in accordance with the laws of nature, to do evil in a certain sense, that good may come, or in other words, that it is right to convulse the stomach, drench the bowels,

of an unhealthy condition of the organ, and perhaps of the whole system; that the contents of the stomach are not necessarily implicated in producing this condition. That a torpidity of the organ is evinced by the imperfect digestion of the food required for the sustenance of the body, seems in the highest degree reasonable. But to throw an enfeebled organ into convulsive vomitings, as a matter of fact only adds to the difficulty, would it not appear more reasonable to address some remedy to the stomach itself, restoring its vital condition.

7. In the *new school*, those remedial measures are regarded the most reasonable, that will exert the most potent influence in favor of health, without the observable violence which overdosing with drugs will produce. That it is unnecessary to appreciate the action of a remedy, in order to determine effects. That vomiting, purging, sweating and bloodletting, &c., &c., are only so many needless inflictions, instead of curative resorts.

8. In opposition to the conclusion of old school reasoning, the new school teaches the iniquity of doing evil that good may come, under any circumstances whatever. That there is no reason for convulsing the stomach,

fire up the kidneys, blister the skin, or pass it through an ordeal of perspiration, &c., for the purpose of driving disease from the system; and that there is no universal law or principal of cure, excepting the law of opposites. If there is pain within, it may be extinguished by creating pain without. If there is costiveness, it is right to produce a diarrhœa. If there is heat in the head, it is right to put the feet into a hot bath, &c. All of which is in accordance with reason and common sense.

drenching the bowels, firing up the kidneys, blistering the skin, or subjecting it to the ordeal of perspiration, for the purpose of driving disease from the system, for all these measures are but needless inflictions, and detrimental to the interest of the patient; on the contrary, the *new school* recognizes a universal *law of cure*, that points out the accurate method of administering remedies, so as to favor the recuperative efforts of nature, and besides the anatomical structure of the intestinal canal, as well as that of other internal organs, is a sufficient guarantee that nature never intended any forcible evacuations of any kind, that she requires only the gentle operations of the bodily organs, in accordance with their own existence, and whether in health or in disease; it is at variance with reason to force upon them unnatural labor.

A further contrast between what is regarded *reasonable* and *unreasonable* in both the old and new school, might serve to show more fully that the claim set up by our opponents for occupying rational ground in their opposition to homœopathy, is without the slightest foundation, and we will submit it to the candid and reflecting, if it is not more reasonable to subdue a fever, overcome a congestion, or obviate an arterial excitement, by a dose or two of aconite, than by abstracting a pound or so of blood? If it is not more reasonable to overcome constipation, by the administration of a few doses of *Nux. vomica* or *Lycopodium*, so that the bowels would move on according to their natural or normal condition, than to drench them with mild aperients or hydrargogue cathartics? If it

is not more reasonable to restore a healthy tone to the stomach by such remedies as tend to restore its vitality, than to depress it by convulsive emetics? If it is not more reasonable to administer remedies that will remove obstructions, to the healthy performance of any of the functions, than to resort to forcible measures to compel them to perform a violent labor, which nature never intended them to perform? and finally, if it is not more reasonable to regard disease, a derangement of the vital forces, that may be made to disappear by a simple restoration of order, than as an entity, lurking in the system, that must be driven out by the force of the disturbing power of drugs? If our opponents will reflect upon the matter, with their minds open to conviction, we feel persuaded they will not claim to stand on the most enviable rational ground, especially if they institute a comparison between the *rationale* of both systems of medicine. We would ask for the exercise of no liberality towards homœopathy that is not merited, or that is not freely bestowed after honest and mature reflection.

Decision of character is looked upon by honest upright men, as being a worthy trait, and so it is; but care should be exercised not to confound stubbornness with decision, or wilful opposition with conscientious and reasonable resistance to a measure, for there is a vast difference between the two states. True decision, implies a full exercise of the reflective faculties, and an action in accordance with principles adopted on reflection. We have often thought of the difference between decision and wilfulness, with regard to homœopathy.

The enemies of homœopathy are undoubtedly of two classes. One of which oppose it because from all the facts in the range of their observation, they have seemingly no proof in its favor. The other class may be styled partisan; their opposition is from a mere impulse of the mind—they have not examined the subject, they know nothing about it. Yet these are the ones that cry out humbug, imposture, nonsense, quackery and the like. Now the former class are to be regarded honest and reasonable, because they base their decision upon their own limited observation, which at first, may prove insufficient to convince them of its truth. If such become privileged with amore extensive observation, relating to the principles and practice of homœopathy, in most cases they become converts. It is from this class, an honest set of men, who never allow

themselves to decide without reflection, or without determining from facts which they already know, or from such as they can become acquainted with, the homœopathic ranks are chiefly derived.

Some persons are prone to regard every thing unreasonable that savors in the least of opposition to their preconceived views, they will not listen to reason unless it is confirmatory of already cherished views, while unquestionably, they would often find, if they would take the time to reflect, that what they cherish, is at variance with enlightened reason, and what they oppose, is based upon the soundest principles. This may have been the case with regard to those who oppose homœopathy and adhere to allopathy; and in order that our readers may have an opportunity in some degree of comparing what is claimed by the latter as being reasonable, and looked upon by the former as being unreasonable, we have submitted the foregoing contrast and remarks.

CONCISE REVIEW OF DR. R. E. DUDGEON'S LECTURES ON THE THEORY AND PRACTICE OF HOMŒOPATHY, DELIVERED AT THE HAHNEMANN HOSPITAL SCHOOL OF HOMŒOPATHY.

IN the preface of the volume before us, the learned author makes the following statement. "I have endeavored to lay before the reader every thing of interest and importance connected with the progress of Homœopathy, in a theoretical and practical point of view, that has appeared in the literature of our own and of other countries. I have given a succinct and correct account as I could of the views and statements of the principal writers on Homœopathy, and this I was generally enabled to do at first hand, having access to a pretty extensive homœopathic library, where I have been enabled to refer to the original sources. I have availed myself of the abstracts contained in some of the German journals and works on Homœopathy, more especially the last work of Dr. Griesselich, whose *résumés* of the opinions of others I have found wonderfully correct in almost every case where I have compared them with the originals."

In the introductory lecture the author has given a biographical

sketch of the illustrious Hahnemann, which cannot fail of being interesting to the homœopathic student. He begins by stating that Hahnemann has only entered the domain of history since his decease; and that within this short period the advancement of homœopathy has been unequalled since its first promulgation. "Its founder, who could at the period of his decease only reckon his disciples by hundreds, is now acknowledged as their master by thousands of educated medical men scattered all over the globe, and the very town whence he was driven by the enmity of his colleagues only twenty years ago, a few months since saw a costly monument of bronze erected to his memory by the united efforts of his admirers of all nations."

After remarking upon the difficulty of rendering a minute account of Hahnemann's early history, on the account of not having enjoyed the friendship and acquaintance of the man during his life, the author intimates that the biographies published hitherto of him are meagre and contradictory, "and the time has not yet come for the publication of those letters and documents which are known to exist in the custody of his family and friends, and from a careful study of which we should be able to give a clear insight into the motives and reasons for various actions of his eventful life, which at present we can only conjecture."

"Hahnemann," says the author, "belonged to that class of men who rose to eminence in spite of the obstacles thrown in their way. His father being a poor painter on porcelain in the celebrated manufactory at Meissen, near Dresden, did not encourage the son to qualify himself for a pursuit superior to his own," nevertheless, his counsel to him was, "to act as reflection told him was for the best," and this wholesome advice the son acted upon, although in opposition to his father's wish. When thought to be asleep, he was at his studies by night, by the light of a lamp which he had himself constructed out of clay. His early training was at a grammar school, where his aptness excited the admiration of his teacher, with whom he became a favorite, and who encouraged him to a higher order of studies; but this his father opposed, and several times removed him from school, but at the earnest request of his teacher, who offered gratuitous instruction until the twentieth year of his age, his father permitted him to pursue his studies.

Hahnemann's first essay on leaving school, was on "the wonder-

ful structure of the human hand," an evident indication of his bias towards natural science. With twenty thalers and his father's blessing he went to Leipsic to study medicine, where he managed to support himself by teaching and translating books into English.

From this commencement of Hahnemann's career, we find him seeking knowledge upon medical subjects, in hospitals and under the private tuition of Dr. Von Quarin, and as family physician and librarian to the governor of Transylvania. He graduated in Erlangen in 1779, returned to Saxony, turned his attention to chemistry, was appointed district physician in Gommern, whither he removed, and married his first wife, the daughter of an apothecary. Here he wrote his first book on medicine, detailed his experience in practice, gave a desponding view of the practice of medicine in general, and frankly admits that his patients would have done better, had he let them alone.

From Gommern, Hahnemann removed to Dresden, where, with the exception of occupying the post of physician to the hospital for one year, he devoted the principal portion of his time to chemistry, on which subject he published several works. One of the most celebrated of which, is a treatise upon poisoning by arsenic, quoted by the best writers in toxicology at the present day. About this time, Hahnemann retired, disgusted with the uncertainty of medicine. In 1789, he published his work on Syphilis, in which is described the *soluble mercury*. In 1790, he translated Cullen's *Materia Medica*, and discovered the fever-producing properties of the *Cinchona-bark*, which was to him what the falling apple was to Newton; a single fact impressed upon his mind the conviction, that the pathogenetic effects of medicines would give the key to their therapeutic powers.

From this period, it appears from the learned author, Hahnemann commenced his investigations, by hunting up in the works of the ancient authors, hints respecting the physiological action of different substances. It does not appear that he had commenced at this period the testing of these substances, either upon himself or friends. In 1796, he published his *Essay on "A New Principle ;"* and 1798, he published two papers, "*On Continued and Remittent Fevers,"* and "*On Hebdominal Diseases,"* from the reading of which it will appear that he had sought extensively for parallels, to confirm the principle which opened upon his mind. without having called to his

aid the absolute test of experience. His poverty compelled him to toil on without opportunities for elaborating what had become throned upon his mind.

In 1792, Hahnemann was settled for a time in charge of an insane hospital in Georgenthal, where it would seem he was the first to introduce moral treatment for the insane. A treatment which induced Pinel to unchain the maniacs in the Bicêtre, the latter part of the same year. He did not long remain in charge of the hospital; it appears from the fact, that shortly after this period he wrote the first part of the *Friend of Health*, and other works. We find him in 1794 in Westphalia, and from 1795 we find him migrating from place to place, till 1799, during which time his essays published in Hufeland's Journal had excited the jealousy of his colleagues, who by intrigue subjected him to various persecutions. It was during the year 1799 that he discovered the prophylactic power of Belladonna in Scarlatina, which he tested in numerous instances.

The author goes on to give a brief outline of the life of Hahnemann, which is filled with interesting incidents and events, all of which go very far to show that perseverance of an extraordinary character was a ruling trait of Hahnemann's character. To read the account in full as given by the author, would more than repay for the trouble. It would also prove valuable as furnishing examples of honesty, integrity and noble sentiments, worthy of being incorporated into the lives of his modern admirers and disciples.

Immediately following the introductory lecture of Dr. Dudgeon, he commences his course of lectures by an account of the *Homœopathic principle* in medicine before Hahnemann. He justly remarks, "Great truths, universal laws of nature, important facts that must effect mighty revolutions in the arts and sciences, and exercise a powerful influence on man's destinies, have generally foreshadowed their discovery by some more or less obscure hints or beliefs among the generations who were not destined to derive the full benefit of their revelations, but who now and then, by vague or distinct utterances, betrayed a semi-consciousness of their existence, and whose instincts perceived what their reason failed to discover."

In confirmation of the above, the author notes the glimpses of truth in astronomy long before their actual discovery, the science with regard to the discovery of the new continent before the days of Columbus; Bacon's hints concerning the law of gravitation

before Newton's reflections upon the falling apple. The conjectures of the older anatomists, of the circulation of the blood before Harvey's demonstration of the fact. And as a parallel, Hippocrates' declaration of the principle, *similia similibus*, centuries before the days of Hahnemann, was a presentment of a great truth; and so it would seem from the multiplied instances detailed by Dr. Dudgeon, of presentments concerning great truths, that such is the law of Providence with regard to them, and the discovery of the Homœopathic principle, is a perfect parallel. The great number of facts collected by the author from the writings of men of ancient times, and especially from those of the ancient empirical school, cannot fail of interesting the reader. The experiments of Erasistratos, Heraclides, Philometer and others, before the Christian era, have been alluded to by the author, as evidence of there having been at that ancient day many preconceived notions of the necessity of instituting experiments to ascertain the pathogenetic powers of drugs; all of which will be read with interest.

From Galen, the father of Allopathic physic, and the champion of the motto, "*Contraria contrariis curantur*," the author has drawn confirmation of the Hahnemannian doctrine. He has instituted a comparison between Paracelsus and Hahnemann, which would indicate that the former was justly entitled to the appellation of reformer; although his school "for want of an express foundation for his therapeutic maxims, in that great and signal merit of his modern rival, pure experimentation or the proving of remedies upon the healthy," had only an ephemeral existence. After showing by sundry quotations from Paracelsus, that many of Hahnemann's views were anticipated by this distinguished genius, the author seemingly intimates that the founder of the homœopathic school may have been indebted to him for much that he has published as his own. But there is no proof of Hahnemann's plagiarism. It requires no great credulity to offer a different interpretation, viz., That both Paracelsus and Hahnemann had shaken themselves from the trammels of the schools, and had set themselves to study nature with their own eyes, and it is by no means strange, that both should read similar passages from the book of Nature.

The author proceeds to give the result of his examination of other modern authors, before Hahnemann, who apparently had a glimpse of the genuine law of cure; and he has certainly been very successful

in laying before his readers a mass of information of the highest importance, tending to show most conclusively that the homœopathic law had been unwittingly acted upon in the curing of disease, if not absolutely recognized.

The aim of the author appears to be, not to rob Hahnemann of any of the laurels claimed for him by his followers, but to show, that the discovery of this distinguished man, is but the more full and splendid disclosure of an absolute law of nature, which had been obscurely beheld by many of his predecessors.

In the 2d lecture, the author proceeds to consider the *Pathological basis of Homœopathy*, a subject, which in his estimation, deserves particular attention.

“Believing, as I do,” says the author, “that it is greatly for the interest of homœopathy that it should have a scientific pathological basis, which it must be confessed was not procured for it by Hahnemann. I have no hesitation in introducing an outline of general pathology.

Although Hahnemann discarded the *pathology* of his day, as being at variance with the law which governs the curative action of drugs, it is by no means conclusive that he was opposed to the pathology of the present day. The views of Hahnemann were crude; and although he discovered a method of cure altogether unsupported by the pathology of his time, it does not follow that the true and genuine science should be discarded.

And although we may differ in some respects with the learned author, as to the importance of the science in contributing aid to the practice of medicine, even in its present state, we cannot help feeling an interest in all researches into the subject, on account of the good that is promised therefrom to the profession, as investigation advances. So far as pathology relates to living phenomena, there can be but one opinion upon the subject, but the value of post-mortem appearances may be differently estimated. The author has stated in a very systematic way, the points of importance, contributing to acquaint us with the natural history of disease. He has made a clear discrimination between predisposing and exciting causes, and has cited many examples in illustration. Altogether, the author has presented a plausible pathological basis for homœopathy. He then proceeds to the consideration of a rational system of therapeutics, that corresponds in every particular with the rational

pathology. He has shown the relation between the pathogenetic action of drugs and certain morbid conditions, and moreover, he has rendered it plain to any reflecting mind, that the homœopathic law is the legitimate "deduction from the most generally received and satisfactory pathological hypothesis of modern times."

The author next proceeds to state Hahnemann's views, and follows with an account of the most plausible or popular explanations that have been given by his disciples. He also alludes to the different terms that have been proposed from time to time as substitutes for that of homœopathy, and then commences an account of the explanations of the curative process, offered at various times by Hahnemann and many of his disciples; he has given the theories of Hahnemann, Rau, Attomyr, Eschenmeyer, Jahn, Schrön, Hufeland, Schmid, Mosthaff, Müller, Koch, Widenmann, Gerstel, Schneider, Trinks, Mayrhofer, Greisselich, Trousseau and Hirschel, all of whom pretended to give explanations of the law of cure, each in his own way; all of which the author has ventured to criticise and offer objections to; and lastly, he has given his own exposition of the curative process, and very liberally admits that his may be subject, in turn, to the criticism of his colleagues.

With regard to the author's explanation of the curative process, it will pass for all it is worth. It savors very strongly of an intermingling of hypothesis, concerning counter-irritation and direct action of remedies, but little removed from *old school therapeutics*.

The elaboration of the author's views, should be attentively read in order to form a just estimate of them; it is only expedient to allude to them at this time.

In the 5th lecture the author treats of the *homœopathic aggravation*, and the diminution of doses, and gives Hahnemann's earlier and later views upon the subject, which he illustrates by copious extracts from his writings; following which, are the views of other eminent homœopaths; and the conclusion of the author respecting the matter, is as follows: 1st, That the true homœopathic aggravation of Hahnemann is of rare occurrence. 2d. That it does not depend upon the size of the dose, but on the susceptibility of the patient. 3d. That it may in some instances be avoided by diminution of the dose, at others by increasing it. 4th. That it is sometimes the precursor of cure, but not always, as in neuralgic affections, &c. 5. That it is confounded with natural paroxysms of

disease, increase or crisis of the disease, or with the effects of the imagination, and with other medicinal perturbations. 6th. That such occur from doses of all sizes. 7th. That they are not evidence of an erroneous choice of a remedy, as Hahnemann has said, but owing to a preternatural susceptibility on the part of the patient. 8th. That they are not desirable, for if strong, they may interrupt the cure, and require to be subdued by an antidote, &c.

"I have dwelt thus long," says the author, "upon the subject of the homœopathic aggravation, because I believe no harm, but only good can result from the most rigid critical examination of all the tenets inculcated by Hahnemann, and none can deny that this doctrine of his has occupied rather a prominent place in the Hahnemannian system; and its importance has been very much exaggerated by many of those who consider themselves as the purest of Hahnemann's disciples."

After this conclusion of the author, he remarks rather severely upon those practitioners who do not avail themselves of the modern methods of physical diagnosis, who reject pathology and the study of pathological anatomy, who are the ones that observe the most significant aggravations from the smallest doses, and who have been bitten by the Jenichen delusion. From which it appears that he rejects the Hahnemannian notions as being mere theory or unwarrantable speculations.

In lecture 6th Isopathy is considered; after hinting at the ancient origin of the doctrine, the author attributes to Doctor Constantine Hering, the introduction of isopathic heresies into the homœopathic school, and professes to give an account of this learned gentleman's discoveries with regard to *psorine*, *hydrophobia*, &c., in a very good-natured and playful manner; descants upon what this gentleman has published as the result of his own experiments, the reading of which will of course afford a better idea, than our short account of the matter.

Next in order, the learned author overhauls the views and practice of Gross, whom he regards as more distinguished for novel hunting, than as authority in matters of science. The remainder of the lecture is made up of an exposition of the isopathic doctrines, and gives the views of Hahnemann, Helig, Rau, Hermann, and others.

In lecture 7th the author treats of the proving of medicines; gives

an account of Hahnemann's rigid course and directions, and details the circumstances calculated to awaken suspicions as to the reliability of his provings; after which he gives a history of allopathic provings, and the recommendation of various allopathic writers to institute experimentation, to ascertain the physiological action of drugs. And lastly, the author has given us a record of his own views in relation to provings, which will be read with interest, however much they may differ from those of other distinguished members of the profession; and finally he enjoins upon all practitioners the duty of experimenting, or proving remedies upon themselves.

The remaining twelve lectures of Doctor Dudgeon's book, are made up in considering various subjects pertaining to the doctrines and principles inculcated by various homœopathic writers. He is critical in his examination of subjects, and in his reviews of Hahnemann, touching his early notions of the actions of medicines, and his doctrine of chronic diseases. He gives apparently a faithful delineation of the method of selecting remedies for given cases of disease, and records the views of various authors upon the subject. The 12th and 13th lectures are devoted to the consideration of the dynamization of medicines, the theory of which the author does not regard essential to homœopathy.

The 14th and 15th lectures are devoted to posology, and dilutions in which the author in many instances affects to be truthful and severe in his criticisms. The 16th lecture is devoted to the subject of repetition of doses, which may be read with interest and profit. The 18th is on the alternation of medicines and the employment of auxiliaries, in which many authorities are cited, and many views of an opposite character and tendency are given and criticised. The 18th is devoted to the consideration of the modes of administering the homœopathic remedy, local employment of medicines, &c. 19th on antidotes, prophylactics, diet and regimen.

The book as a whole, contains much valuable information, aside from the peculiar views of the author: we have only glanced at its peculiarities, more for the sake of acquainting the profession with the fact that such a work exists, than to present them with a full account of its contents. We have read the book with interest, although we confess that we differ from the conclusions of the author in many particulars, which we have not the time or opportunity to discuss. We commend the work for perusal, and would most cor-

dially recommend it as suitable for a place in every homœopathic physician's library; but we are not prepared to endorse the views of the author in many particulars, or the correctness of his statements, because we cannot avoid the conclusion, that he has erred in some particulars in his inferences, while he has derived his historical accounts in some instances from prejudiced and unreliable sources.

MEASLES.

(FROM DR. CURIE'S CLINICAL LECTURES ON HOMŒOPATHY.)

MEASLES, or *Blactiæ*, or *Morbilla*, or *Rubeolæ*, or *Morbiliary Fever*, is an exanthematous inflammation, which is characterized by an eruption of red spots, resembling flea-bites, preceded and often accompanied by inflammation of the mucous membranes, and especially of that of the digestive organs.

Causes.—If psora be not the predisposing cause of the simple morbillary eruption, which results from the action of the organs to get rid of the exciting cause, there can be no doubt that it is the cause which predisposes the organism to produce the more or less serious phenomena that generally attend it. This is proved by the fact, that where psora exists only in a slight degree, the derangement of the functions is trivial; and where psora declares its existence by the symptoms of any chronic affection, the disease is always severe, and sometimes fatal.

The occasional cause of measles has not been ascertained. This disease frequently appears, as an epidemic, at the close of winter and the commencement of spring, and is communicated by contagion. It is an error to suppose that it can occur only once in the life of an individual, for the same person has been known to suffer from three separate attacks of this complaint; though it must be admitted that this is an unusual occurrence, and that it very rarely appears more than once.

It is generally observed in young children, sometimes in adults, very seldom in old persons. It mostly attacks children after their dentition; yet Vogel and others affirm, that children have exhibited traces of it at their birth.

Symptoms.—Measles generally commence by alternate shivering and heat, uneasiness, lassitude in the limbs, and pain in the head; the pulse soon becomes quick, and the skin dry and burning, especially on the epigastrium; the tongue is red on the margin and at the extremity; thirst is felt; nausea, and occasionally vomiting occurs, accompanied by soreness in the epigastrium. On the second day all the symptoms are aggravated, and, in addition, the eyes become red and watery; the patient sneezes frequently; the nostrils itch; clear mucus is discharged from the nose; the throat is sore; a cough, more or less violent, manifests itself; and, in very young children, drowsiness and even convulsions are not unfrequently added to these phenomena. On the third day, the intensity of these symptoms continues to increase; but towards the fourth day, small red spots, like flea-bites, appear; at first they show themselves on the face; then spreading over the chest and arms, they at last occupy the entire of the skin. Their appearance is almost always accompanied by much itching and burning heat. When the eruption is completed, the quickness of the pulse, heat, thirst, redness of the eyes, coryza, sore-throat, &c., are greatly mitigated, and sometimes disappear altogether; the oppression and cough alone continue in some cases. As the spots spread, they unite in irregular patches, particularly on the face, and render the skin somewhat uneven; any prominence that may exist being rather perceptible to the touch than to the sight. After the spots have exhibited themselves for three or four days (that is six or seven days after the commencement of the complaint), these spots gradually grow pale, in the same order in which they appeared at the first; that is, those on the face first; then in succession, on the eighth day, those on the other parts of the body. The skin, in the next place, becomes rough, and the epidermis scales off. If the quick pulse, the heat, and the cough, still remain at this period, they will all probably disappear from the ninth to the eleventh day. If the symptoms of pulmonary irritation are prolonged beyond that time, they may be followed by distressing consequences; when ophthalmia, furunculi, and the enlargement of subcutaneous lymphatic ganglia appear after measles, they become very obstinate.

This is the ordinary, but not the invariable progress of measles; the eruptions appear sometimes sooner, sometimes later. Willan mentions certain patients who exhibited an eruption, the external

appearance and progress of which were similar to those of common measles, from which they differed only in being unaccompanied by fever, catarrh, or ophthalmia. Rayer verifies this fact, and affirms that he has seen it accompanied by circumstances which established the morbilliary nature of the eruptions. This testimony proves the correctness of our opinion, when we maintain that psora is the cause of the complications which attend, and are confounded with the disease usually denominated measles. It is evident that, in the cases cited by Willan and Rayer, the patients present only the symptoms produced by the mere influence of atmospheric causes, unmixed with the action of the predisposing cause to aggravate the primary symptoms, and to render them complicated.

In some cases, the spots, which are generally of a bright red, are pale, livid, or black, and this is commonly an unfavourable symptom. Willan notices several unusual appearances of this phlegmasia, the eruption attending which becomes quite livid, with a yellow tinge, about seven or eight days after the commencement of the attack. Rayer affirms, that he has often seen the morbilliary eruption of a blackish hue in children affected with pulmonary tubercles and chronic cæco-colita, &c. &c. It is very easy, in the cases which are mentioned here, to prove that psora, strongly developed, is the cause of these extraordinary phenomena. Such instances should be considered as complicated cases of measles, and not as varieties of the disease itself.

There are so many modifications in the symptoms, which are combined with secondary diseases, in *anomalous* and *complicated* measles, that it is impossible to foresee and to exhibit them all in this place. A complete account of the various symptoms which show themselves at different times, must be sought in the result of individual observation. We shall endeavour, however, to furnish a catalogue of those maladies which are most frequently complicated with measles.

These are, in new-born infants, *papulous* eruptions, resembling *strophulus*; in patients of various ages, small *vesicles*, analagous to those which occur in miliary eruptions; the *bullæ* of pemphigus, petechiæ, *pustules*, *accidental pustules*, the pustules of natural *small pox*, *epistaxis*, acute inflammation of the *eye-lids*, *cerebral* affections; inflammations, more or less severe, such as *croup*, *bronchitis*, *pneumonia*, *cæco-colitis*, *abdominal affections* of all kinds,

hooping-cough, *diarrhœa* and *convulsions*, which are by no means unusual, when the disease appears during dentition, and which are frequently followed by a fatal result. If the patient happens to be suffering from chronic inflammation of the skin when the measles make their appearance, it has been observed by Alibert, that the exanthematous symptoms frequently vanish; but the individual sinks in eight or nine days from the commencement of the attack.

The following maladies frequently appear after measles:—the development of pulmonary tubercles or *phthisis*; chronic eruptions, at one time of pustules, resembling those of *ecthyma*, or accidental and smaller pustules, spread over the feet, legs, thighs, and scrotum; chronic inflammation of the eye-lids and of their margins, or of the conjunctiva; *vesicular eruptions* on the pavilion of the ear, *enlargement* of *subcutaneous*, *lymphatic ganglia*, which change to a chronic state; lastly, obstinate *bronchitis*, analogous to *hooping-cough*, *cæco-colitis*, *pneumonia*, *pleurisy*, &c. &c. All these evils arise from not attending to the principle, that while the occasional cause is assailed, it is necessary also to overpower the combined and aggravating cause, which, in homœopathy, it is so easy to mitigate, if it cannot be destroyed as speedily as might be wished. This establishes the advantage of homœopathy in all diseases, and accounts for the success with which it is attended.

Measles are dangerous only in proportion as they are mixed, more or less, with other phlegmasiæ. It must, however, be premised that they become serious under the following circumstances:—when they attack those who are very young, or suffering from dentition; they may also prove alarming in the case of pregnant females, or those who have recently lain in; they are likewise to be generally dreaded in adults, because the great number of them have been long subject to chronic affections. But it must always be remembered, that life is never compromised by the cutaneous eruption, but by the phlegmasiæ of the internal organs which accompany or succeed it.

Diagnosis and Treatment.—The presence of measles may be presumed, if fever, accompanied by redness of the eyes, lachrymation, fluent coryza, sneezing, pain and heat in the throat, dry and fatiguing cough, and somnolence, make its appearance. If, while these symptoms are observed, the epidemic is prevalent by which the patient had not been previously attacked, though his family are suffering from its influence, and he is in constant communication

with infected persons, there cannot exist a doubt that measles are beginning to manifest themselves. In both cases it will be proper to administer *pulsatilla*, in order to assist the organic action announced by the symptoms. When the exanthemata are accompanied by only a slight inflammation of the respiratory organs, and show themselves regularly, the treatment is very simple: *pulsatilla*, which is an anti-psoric medicine, may be followed by *aconite* and *belladonna*.

But if the morbilliary ophthalmia, which generally appears before the exanthemata are developed, is distinguished by great intensity, if the coryza is violent, if the cough assumes a serious aspect, if the vomiting recurs frequently, and the pain in the epigastrium is very decided, a complication is to be dreaded. In that case, recourse must be had to an attentive investigation of the digestive and respiratory organs, in order to ascertain the relative intensity of the internal inflammations, and especially that of the gastro-pulmonary mucous membrane. By pursuing this method, we shall discover the nature of the threatened complication, and, consequently, we shall be better able to judge by what medicine it is most advisable that the first should be followed. This will generally be either *aconitum* or *bryonia*, after which the measles generally resume their regular course, and become favourable; the eruption presents the most promising appearance, and the cure is completed by BELLADONNA.

But if, notwithstanding every preliminary attention, the eruption appears either black or livid, we must administer, according to the indications afforded by the external symptoms, *arsenicum*, *bryonia*, *rhus*, *secale*, *sulphuric-acid*.

Morbilliary catarrh, or measles without eruption, is only a symptom of psora, excited by a slight influence of the specific cause, which produces morbilliary eruption. This catarrh presents some characteristics which distinguish it from ordinary inflammation of the respiratory organs; the cough is sonorous, hoarse, and attended with a peculiar tone; the expectoration is sometimes nummular; and the duration of this catarrhal affection is analogous to that of common measles. This complaint is removed readily by *pulsatilla*, *aconitum*, *belladonna* *hepar sulphuris*.

Measles, when thus treated, are seldom followed by other diseases. We, in fact, have never witnessed a single instance; but if, notwithstanding, such should be the case, in order to effect a complete

cure, attention must be first directed to the primitive malady, and then to the secondary disease.

Serious consequences may result from the disappearance of the morbilliary eruption through exposure to cold. Such an occurrence must be prevented by keeping the patient in an equable degree of warmth, as a neglect of this precaution may cause death, or, at least, bring on severe metastasis. If called upon to counteract a disappearance of the eruption produced in this way, it will be necessary to administer, according to the symptoms, *arsenicum*, *sulphur*, *bryonia*.

It is hardly necessary to add, that during the continuance of the fever, abstinence is necessary; and during the whole course of the disease, no drink must be permitted, except cold or tepid water. If desired, it may be sweetened with sugar.

It is, in truth, impossible to ascertain the precise anatomical character of this disease. No patient ever falls a victim to the malady itself, though they sometimes sink under the ravages occasioned by the disorders that succeed it. The details must, therefore, be looked for in the description of these diseases.

MEASLES—PULSATILLA.—Sensation of emptiness in the head, like that which succeeds prolonged watching, or a debauch.

Headache, as if from indigestion caused by partaking of gross food; pain in the head, as if the forehead were elevated, and likely to burst; or a sensation as if the brain were tightened and compressed; headache, with nausea and vomiting.

Inflammation of the eyes and margins of the eye-lids, with redness of the sclerotica and conjunctiva, and copious secretion of mucus.

Offensive smell, and even putrid fœtor of the mouth, principally in the morning, or at night. Tongue loaded with a thick, discoloured greyish, whitish, yellowish coating. Pain, as if from excoriation, in the throat, as if it were quite raw on the inside, redness of the throat, uvula, and tonsils, with a sensation of swelling, especially during deglutition. Dryness, or accumulation of mucus in the throat. Insipid, slimy, putrid taste in the mouth. Sweetish, acid, or bitter taste of the mouth, and of the food. Want of appetite, and aversion to food. Complete adipsia, or excessive thirst, with

moisture on the tongue, and desire for spirituous, tart, and acid drinks. Sensation as if the stomach were out of order. Nausea and risings, regurgitation and vomiting, distention and pressure at the stomach, colic and flatulency, headache, obstructed respiration, ill-humour, and melancholy, after eating. Vomiting of greenish mucus, or bilious and bitter, or acid matter. Pain caused in the epigastrium by the slightest pressure. Hardness and distension of the abdomen, principally in the epigastrium, with tension and a sensation of fulness. Constipation and difficult evacuations, or loose evacuations, sometimes with colic and gripings, chilliness and shuddering, and pain in the anus. Tickling, with frequent sneezing, principally morning and evening. Continued shivering during the coryza. Shootings with itching, or sharp jerking pain, and binding sensation in and near the ears. Inflammatory swelling, heat, and crisperatous redness of the ear and auditory tube; and also of the surrounding external parts. Discharge of blood, pus, or yellowish matter from the ear. Hardness of hearing, as if caused by obstruction of the ears.

Catarrh with hoarseness, roughness and dryness, scraping and pain, as if from excoriation in the larynx and chest. Shaking cough, especially in the evening, at night, or in the morning, excited by a sensation of dryness, or by a scraping and tickling in the throat, aggravated by lying down, and often accompanied by a desire to vomit, vomituration and vomiting, or by choking, like that caused by the vapor of sulphur, with bleeding of the nose, and rattling respiration.

Moist cough, with expectoration of white tenacious mucus, or thick, yellowish matter, with a bitter or putrid taste.

Red spots like measles. Coldness and partial shivering, principally in the back, arms, legs, hands, and feet, often with heat in the head or face, and redness of the cheeks.

Pulse quick and small.

Melancholy with sadness. Weeping. Great anguish and inquietude. Capriciousness. Moroseness.

MEASLES—BELLADONNA.—Great agitation and continual tossing, inquietude and uneasiness, especially at night, and in the afternoon, sometimes with pain in the head, and heat in the face. Lamentations, cries, and weeping. Mischievousness, with weeping, in the

case of children. Nocturnal delirium, during which animals, fires, &c., are seen. Great apathy and indifference; desire for solitude; dread of noise of all kinds; ill-humour; irritability.

Fulness, heaviness, and violent pressure in the head, principally in the forehead; sometimes with ill-humour and groans. Pain, as if the cranium would split. Violent arterial pulsation in the head. Shootings in the head, as if they were inflicted by a cutting instrument. The headaches are aggravated generally by movement, especially by that of the eyes, by shocks, exposure to the open air, or to a current of air. They are mitigated by holding the head back, and by pressing it. When sleeping, the fingers are thrust into the ears.

Inflammation of the eyes with fulness of the vessels, and redness of the conjunctiva and sclerotica.

Sensation of burning dryness in the eyes.

Agglutination of the eye-lids. Photophobia. Clouded and weak sight.

Boring, pressure, sharp pain, and shooting in the ears. Hardness of hearing, sometimes as if a skin (cuticle) had grown over the ears.

Coryza, hoarseness, and tenacious mucus on the chest. Cough as if there were dust in the throat, or as if it were excited by a foreign body in the larynx. Cough, principally at night, in the afternoon, or in the evening in bed. The cough is mostly dry, short, and sometimes convulsive, fatiguing, shaking or hollow, and barking. A thick and puriform mucus is expectorated with the cough.

Noise, rattling, and crepitation in the bronchi; obstructed respiration; short breath.

Eruption similar to measles.

Constant desire to sleep, or nocturnal sleeplessness, caused by excessive anguish or great agitation. Frequent starts with fright, and moaning while asleep; anxious, terrific dreams.

Pulse strong and quick, or full and slow, or small and slow, or small and quick, or hard and tight.

MEASLES—ACONITUM.—Dry, burning heat, with violent thirst, sometimes preceded by chilliness and trembling.

Heat principally in the head and face, with redness of the cheeks;

shuddering over the whole body; pressive headache; tearful, plaintive, and peevish humour. Shivering, when uncovered in the least, during the continuance of the heat. Continued perspiration; sour perspiration.

Instability of ideas; momentary weakness of memory; great agitation, and much tossing with anguish, discouragement, and apprehension.

The head is confused, as if a nail were driven into the brain, principally in a warm room. Sensation in the head, and also in the limbs, as if they had been beaten.

Lachrymation; heat and burning in the eyes, with pressive pain, especially when moving the eye-balls. Face bloated, hot and red; or alternately red and pale.

Loss of appetite and aversion to food.

Bilious, greenish, or mucous vomiting.

Sensation of swelling, tension, and pressure, as if caused by a weight in the præcordial region and stomach.

Constipation, or watery evacuations.

Red spots, like flea-bites, on the hands, face, and all parts of the body.

Scanty, burning, deep-red urine, with a sediment of the colour of brickdust.

Coryza, with catarrh and headache.

Humming in the ears, and colic.

Constant inclination to cough, excited by an irritation or tickling in the larynx.

Dry, short cough, principally at night.

Shortness of breath, principally when asleep.

Pains in the limbs, as if they had been bruised, and weakness of the lower extremities.

EDITORIAL.

LAW REGULATING THE PRACTICE OF MEDICINE AND SURGERY IN N. J.

HERETOFORE, the laws of the State of New Jersey have been such, as to operate very disadvantageously to all homœopathic physicians, who were not graduates of certain specified colleges or universities. It will be seen from the following supplement to the act, that the law now requires, merely, that all physicians entitled to collect fees for their services, should be graduates of regularly instituted Medical Schools,—requiring three years preparatory study and instruction in all the branches of a thorough Medical Education. As the Homœopathic Medical College of Pennsylvania answers all the requirements of the law, and is prepared to impart as thorough a knowledge in professional studies, as any college in the country, and has done so, even up to the present time, we cannot refrain from expressing ourselves gratified, that justice is no longer withheld from our graduates in New Jersey.

A SUPPLEMENT to an act entitled “An Act to incorporate medical societies for the purpose of regulating the practice of physic and surgery in this State,” passed January 28th, 1830.

WHEREAS certain practitioners of physic and surgery in this State, labor under certain disability in the practice of their profession, owing to existing laws, by which they are unable to collect their dues, and are liable to pains and penalties in the pursuit of their profession; therefore,

1. BE IT ENACTED *by the Senate and General Assembly of the State of New Jersey*, That it shall be lawful for all persons of good moral character, who have diplomas from any medical college, or from the medical department of any university of any State of the United States, which, before conferring diplomas, require those upon whom they are conferred to be twenty-one years of age, to have studied physic and surgery three full years with a respectable and lawful practitioner of medicine, including two full courses of lectures of not less than twelve weeks each, in which shall be taught the principles of *Materia Medica*, Pharmacy, Chemistry, Anatomy, Physiology and the practice of Physic, Surgery and Midwifery, to practice Physic and Surgery in this State, after depositing a copy of such diploma, translated in the English language, or other evidence of graduation, with the clerk of the county in which such practitioner may reside; and until such copy shall be so deposited those practitioners who shall neglect the same shall be liable to the penalty of the act to which this is a supplement; and it shall be the duty of the said clerk to file such copy in his office, for each of which he shall receive twelve and a half cents, and no more, from the practitioner who may deposit the same.

2. *And be it enacted*, That all acts and parts of acts conflicting with the provisions of this act, be and the same are hereby repealed. Approved March 17, 1854.

PROCURING MEDICINES.

THE present season is the time for the attention to be directed to the procuring of medicines from the vegetable kingdom. Physicians who live in the country, will do well to become familiar with the Homœopathic method of preparing tinctures from fresh plants, that they may lose no opportunity that offers of securing a remedy at the right time. According to Hahnemann there is a certain period in the life of a plant rendering it more suitable for medicinal use than any other ; for particulars regarding the best time for procuring a fresh plant, and the manner of treating it, and of preparing therefrom the tincture, see *Jahr* and *Gruner's Pharmacopœa* and *Posology*. But do not take it out in looking at the formula, for this would avail but little. But look, and learn how, then proceed without waiting to ascertain if any body else will do likewise.

It is the duty of every physician to be active in perfecting the *Materia Medica*, by securing not only the best possible preparations of the medicines, but by new provings as elaborate as possible.

PERNICIOUS BEVERAGES.

THE prejudice prevails to some extent that *Porter*, *Ale* and *Lager Beer* are drinks well suited for the strengthening of debilitated constitutions, and as a matter of course, these articles are recommended without due discrimination as to the use or injury that may ensue.

As an article of diet, Porter may serve some conditions of the system very well, but consumptives are seldom benefitted by its use ; it proves too stimulating, and often a source of fever and hepatic derangement, altogether at variance with the recuperative energies of the system. It is, therefore, plain that the system will lose more than it can gain by its use.

Again, ladies nursing, are prone to seek relief from the debility which protracted suckling occasions, by a resort to Porter or Ale, and sometimes to Lager Beer, but seldom with any relief to themselves. The practice may quiet the "*babes*," by converting the mammary secretion into an intoxicating beverage, and this in the opinion of some nurses is just the thing. But let that physician,

who would prescribe malt liquor to a nurse, reflect upon his course, let him ask his conscience if it is right to initiate the infant into habits of intoxication while yet clinging to its mother's breasts. When nursing mothers require intoxicating beverages to enable them to keep up their strength in supplying food for their offspring, the process of weaning should immediately commence, to save helpless innocence from imbibing the poisonous draft, that may sow the seeds of drunkenness, that in after life will consummate its ruin.

Some physicians are seemingly smitten with Lager Beer mania. Go into the nursery over which they preside, you will find it there. Go into the sanctuary of parturition and you will find it there. Go into apartments of the dyspeptic and you will find it there. It is recommended to give an appetite, improve the tone of the stomach, promote strength, and stimulate the secretions of the kidney. But it is a bitter, pernicious draught. It is just the thing to gratify depraved appetites, and the physician thus fallen, may and will recommend it. But there is no consistency in recommending such beverages when under homœopathic treatment. They never accord with remedial agents given to promote a cure. They oftener derange than improve the condition of the stomach, and we are sorry to see so much inattention to the injury that is done by this beverage, and we hope, for the honor and integrity of the homœopathic school of medicine, that all honorable men will set their faces against its use, especially as an adjunct of homœopathic treatment.

When persons are enjoying good health, and know from experience that any of the malt liquors agrees with them as an article of diet, it is entirely another matter; but what we wish to say is, they make no part of the diet that accords with homœopathic treatment, and no part of the treatment itself, and let homœopaths act accordingly.

BIBLIOGRAPHY.

ORGANON OF SPECIFIC HOMŒOPATHY; or, *An Inductive Exposition of the Principles of the Homœopathic Healing Art, Addressed to Physicians and intelligent Laymen.* By C. J. HEMPEL, M. D., Fellow and Corresponding Member of the Homœopathic Medical College of Pennsylvania, Honorary Member of the Hahnemann Society of London, &c. &c. Philadelphia—Rademacher & Sheek. 8vo. p. 216.

The work before us will unquestionably excite considerable interest, both on the account of its title, and the name and fame of the author, whose industry in the cause of Homœopathy, has been a subject of remark for a number of years. The varied talent which the author has displayed in the production of essays, monographs and translations, has already rendered his name familiar with nearly all the Homœopathic physicians in this country and England. Hitherto, he has been the instrument of furnishing a vast amount of reading matter for the profession, collected from various sources; for the most part his industry has led him to furnish an exposition of the views of others, in expounding a science which first had a tangible existence through the indefatigable labors and researches of the distinguished Hahnemann.

But in the work we are now considering, the learned gentleman places himself in a new attitude before his readers, not as an humble follower in the footsteps which others have trodden, but as the champion of an Organon of his own, embodying as he conceives the principles, properly belonging to the true and genuine science of the healing art. In the production of the work he has not omitted to contrast his views with those who like him have placed themselves in the position of authoritative teachers, upon the subjects canvassed in the book. The work is lucidly written, and we venture the assertion, that the author has earned for himself a reputation for elegance and felicity of diction, which others might well envy—but as to the scope of the work itself, it must stand or fall by its own intrinsic merits. It will find its proper level among works of the kind, in spite of what its enemies may utter against, or its friends may assert in its favor.

The Introduction contains a plain delineation of the difference between apparent and real truth, illustrated by many well chosen examples. The author lays it down as “a law of human development, that appearances of truth should first be mistaken for actual facts, sensual perceptions constitute the first truths to the dawning intellect.” But he adds, “in reality all such perceptions may be as false as they seem true to the senses—they might be termed true illusions.” He then goes on to say, that many of the positive sciences were at first based upon sensual illusions, in opposition to what was really true with regard to them. This is all true, even the

conjectures concerning the anatomy of the human body, were of a sensual character, and says the author, "Even in the names which have been assigned to diseases, the sensual perception of the pathological phenomena has been taken as the guiding or determining principle of nomenclature." And he might have added, these names have generally been treated instead of the diseased conditions which they purported to represent. Old school pathology and treatment of diseases, the author has shown had their origin in apparent instead of real truth, and then adds:—"It is not till the human mind has struggled long and hard, that it succeeds in divesting itself from the bondage of sensual illusions."

The author, after pointing out the nature and illusory power of sensual observation, or apparent truth, in diverting the mind from the consideration of real truth, proceeds to consider another formidable obstacle in the way of progress, viz:—"bondage to traditional authority." In treating this part of the subject, he evidently intends his remarks for the non-progressionists as they are often styled in the ranks. He charges them of being under "the crushing and paralyzing bondage of Hahnemann's authority," as much so, as if Hahnemann had been divine instead of human, and his works the dictation of Deity instead of human compositions."

In this wholesale charge against the admirers of Hahnemann, the author has perpetrated an exaggeration; no disciple of that distinguished man has ever dreamed of regarding him other than an instrument of truth—or rather a discoverer of truth, and not its source. The question has been with genuine Hahnemannians, whether those who pretend to improve upon the great truth brought to light by Hahnemann, take the right direction. We also know that some accept what Hahnemann has written *as true*, instead of the criticisms put forth against him, and we do not believe that on this account, such are necessarily more liable to be in the wrong, than the critics themselves:—but to proceed with an account of the book.

It will be seen that the author has noticed two classes, one of which rest in the inferences, doctrines, &c., of apparent truth—the other is bound up to traditional authority, neither of which is the company in which he trains. The former class is constituted of the old school pathologists and practitioners of medicine, and the latter of that class who strongly adhere to the doctrines and principles laid down by Hahnemann.

To what class then does the author attach himself? We will see presently. After making many complaints concerning the imperfections and unreliable character of the Homœopathic Materia Medica, all of which may be true in many respects, he says:—

"I give this work to the public as an exposition upon the laws of inductive reasoning of the principles of the specific Homœopathic healing

art." The word specific he professes to use in the same sense as Hahnemann did in paragraph 147 of his *Organon*, and further—

"The specific method of treatment, leads to legitimate doubts concerning the therapeutic virtues of many drugs which have an immense number of symptoms in our *materia medica*, yet do not seem to be adequately useful in practice."

The author then proceeds to state what remedies he distrusts, as not reliable in practice, on account of the symptoms recorded of them. For ourselves, we are willing to admit that the author's account of this matter, together with his criticisms are worthy of due consideration. For the number of symptoms attached to the different remedies of our *materia medica*, are in many instances enough to cast suspicion upon the value of the whole. Again, the author says:—

"It is to be hoped that the time is fast approaching when the minds of Homœopathic practitioners will be emancipated from the degrading thralldom of childish symptom hunters, when Homœopathy will cease to be a science of inglorious illusions, and when the living, unerring truths of experience and reason, will be substituted in their stead."

The above is the concluding paragraph of the author's introduction, which is vigorously written, and a readable paper. From this introduction it would appear, if we have rightly apprehended his meaning, that he recognizes as a scientific foundation for medicine,

1. A specific Homœopathic law of cure.
2. That this law determines the relation between the disease and its remedy.
3. That in proving a remedy, its characteristic symptoms are only worthy of record, and that we should be as certain of its pathological as of its pathogenetic effects.
4. In noting the characteristic symptoms of disease, the pathological condition of the organs involved, must be taken into account.
5. That the remedy in order to prove specific to the case, must be such as had been ascertained by trial upon the healthy, to have produced a pathological condition and symptoms, closely allied to those which are produced by the disease.
6. That new symptoms lead only to confusion in the selection of a remedy—there being a larger number of subjective and characteristic symptoms, recorded under the head of nearly every remedy, than any disease known to humanity ever presents.

The above is what we have gathered from the introduction, which we look upon as a mere announcement of what is expounded in what follows. The work itself is divided into three parts.

The first treats of Homœopathy proper, or the homœopathy of symptoms,

and Hahnemann's Organon is the text book, which the author professes to interpret according to the intended meaning of the author, and which in many respects is at variance with the interpretation of "a few self-constituted leaders," as the author terms them, who profess to be the purest of the Homœopathic school. With considerable fairness, the author has performed his promise.

After giving an exposition of Hahnemann's definition of disease, the author proceeds to lay down his doctrine of what disease is in a curative point of view, viz:—"The totality of the symptoms constitutes the whole of the disease." This appears to be an unfair statement of Hahnemann's views. He says, the totality of the symptoms *represents* the whole of the disease, and this appears to be quite a different statement. In representing the remaining features of the Hahnemann philosophy, the author we have no doubt, has aimed at being just, and his commentaries if not absolutely correct, are suggestive and may be read with profit.

The second part is a critical review of the doctrines of Homœopathy, as apparently taught in the Organon, and as commonly understood by those who claim to be the orthodox followers of Hahnemann. Of this part it may be remarked, that the author is *hypercritical* in many respects, giving an overwrought picture entirely, while in many others, he has not only instituted just criticisms, but such as may prove useful in promoting the genuine advancement of Homœopathy. His interpretation of the "fundamental principle," and its application in practice, which he deems a "*dogmatic abstraction*," can only prove so in the author's own mind, and the long criticism so well and ably written, seems more like a discharge of his artillery at a picture of his own imagination, than at anything like a liberal interpretation of Hahnemann's application in practice of the similia principle. But the author goes on to say:—"It must not be supposed that modern Homœopathy is at all like the old-fashioned Hahnemannism; most of the thinking minds of the Homœopathic brotherhood had become dissatisfied with the original teachings of Hahnemann, and under the leadership of such men as Rau, Grisselich Trinks, they organized an opposition to the master, which has so completely changed the aspect of the Homœopathic school in Germany at least; and Germany is *still a focus of all genuine reform in science, philosophy and religion, &c.*"

The intimation given by the author in the above paragraph, that most of the *thinking minds* of the Homœopathic brotherhood, are subject to the leadership of such men as Rau, Grisselich Trinks, cannot fail of being looked upon as an invidious assertion. These leaders may, and undoubtedly were very clever men, but to intimate that they are necessarily more so than those who differ from them in upholding adverse views, we look upon as being, unbecomingly illiberal. As for Germany being still a *focus*

of all genuine reform in science, philosophy and religion, it is a claim that none but a *German would make*, unless the author would have us believe, there are many focuses of the kind, and that Germany at best is but one, and perhaps entitled to as little consideration as any. It is palpably manifest that Germany is as much the focus of unwarrantable assumption, arrogance, superstition, fruitless speculation, and impracticable and abstract dogmas, as any nation under the heavens; and moreover, the perpetual and sickening pretence of German writers at home, and German practitioners in this country, that Homœopathy would cease to exist, were it not for the German fountain from whence it springs, is worse than moonshine. As much has been done out of Germany, yea, far more in elaboration of the science of Homœopathy, than there is any just claim for having been accomplished in Germany. France, Italy, England, and the United States, have been focuses of more systematic efforts to give to Homœopathy, a firm scientific basis, to show its true relation to the collateral branches of medicine, and to divest it of the superstition and speculation, with which it has been connected, than has Germany itself;—but this is a mere matter of opinion.

The author in this second part, institutes a critical review of the provings of which the materia medica is made up, and it must be confessed, there is much in his criticism worthy of attention; some of his suggestions if acted upon and carried out, would tend to purge our materia medica, of much that is *mere trash*.

His critical examination of the law upon which the whole structure of Homœopathy rests, is equivalent to a denial of the real existence of any such law—that it is only an apparent truth—that remedies to be specific do not necessarily act upon the *similia similibus* principle. The author's views upon this matter will be read and reflected upon, and we doubt not they will pass for all they are worth, whether that value be much or little.

In the third part, the author introduces a formula of the Homœopathic law, as suggested by the union of Pharmacodynamics and Therapeutics upon a Physiologico-pathological basis.

The illustrations which he gives of the conjectural origin of medicine, are worthy of perusal, as they impart to the mind some idea of the order of Providence in preparing the way for the final development of a therapeutic law of cure. There are some valuable suggestions for the proving of drugs, and many other suggestions, which we have not room to detail; from all of which he argues that *similia similibus* is a sensual illusion. He says, "The formula should imply a perfect CORRESPONDENCE between the drug, disease, and the natural pathological disturbance as MORBID STATES, not as mere series of symptoms, and in order to leave no doubt that this confirmed similarity or perfect correspondence, is the import of the formula,

a more adequate expression thereof would be:—"CORRESPONDENTIA, CORRESPONDENTIBUS CURANTUR."

The whole work is written with a view of developing this soul of the Organon. It is worthy an attentive perusal, it will give the reader a clear definition of—

"Contraria contrariis curantur,"

"Similia similibus curantur,"

"Correspondentia correspondentibus curantur;"

And the philosophy reared upon each formula. The author may have written some things in the book that are objectionable, but none but those whose minds are filled with prejudices or wilful opposition, to anything the author might produce, will venture an opinion either for or against it, until they have taken the pains to peruse it. We will say to the readers of the Journal, read and judge for yourselves, for no one is wise that judges a matter before he knows what it is.

AMERICAN INSTITUTE OF HOMŒOPATHY.

The Eleventh Annual, meeting of the American Institute of Homœopathy will be held in the City Hall, Albany, on Wednesday, June 7th, at 10 o'clock, A. M.

A preliminary and social meeting will be held at the office of Henry D. Paine, M. D., No. 104 State st., on Tuesday evening, June 6th.

The Annual address will be delivered on Wednesday evening, June 7th, at 8 o'clock.

REQUIREMENTS FOR MEMBERSHIP.

Any person who shall have pursued a regular course of medical studies, according to the requirements of the existing medical institutions of our country, and shall have obtained a certificate of three members of this Institute that he has thus complied with the above requirements, and that he sustains a good moral character and general standing, addressed to the Board of Censors, and by them satisfactorily found qualified in the theory and practice of Homœopathy, and so reported to the Institute, may be elected a member thereof, and upon the payment of two dollars shall receive a certificate of such election.

WILLIAM A. GARDINER, M. D.,
General Secretary.

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Organon of Specific Homœopathy; or an Inductive Exposition of the Principles of the Homœopathic Healing Art, addressed to Physicians and Intelligent Laymen, by Charles Julius Hempel, M. D., Fellow and Corresponding Member of the Homœopathic Medical College of Pennsylvania, Honorary Member of the Hahnemann Society of London, &c. Bound, \$1 00.

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
Homœopathic Treatment of Diseases of the Sexual System, being a complete Repertory of all the symptoms occurring in the Sexual Systems of the Male and Female. Adapted to the use of physicians and laymen. Translated, arranged and edited, with additions and improvements, by F. Humphreys, M. D. Second thousand. 1854. Bound, 50 cents.

The Homœopathic Treatment of Acute and Chronic Diseases, by Emilius Kreussler, M. D. Translated from the German, with important additions and revisions, by Charles J. Hempel, M. D., Fellow and Corresponding Member of the Homœopathic Medical College of Pennsylvania, Honorary Member of the Hahnemann Society of London, &c.

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BOOKS FOR DOMESTIC PRACTICE.

Dr. C. Hering's Domestic Physician, revised with additions from the author's manuscripts of the *Seventh German Edition*. Containing also a Tabular Index of the medicines and the diseases in which they are used. *Fifth American Edition*. 1851. Bound, \$2 00. Published by Rademacher & Sheek, 239 Arch street, Philadelphia.

 **Dr. C. Hering's Domestic Physician** is also to be had of Rademacher & Sheek in *German* (eighth edition), *French* (second edition,) and *Spanish*, first edition.

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Hempel's Homœopathic Domestic Physician. 1850. Bound, 50 cents.

Chepmell, Dr. Ed. C., Domestic Homœopathy restricted to its legitimate Sphere of practice, together with rules for diet and regimen. First American edition, with additions and improvements by Samuel B. Barlow, M. D. 1849. Bound, 50 cents.

Pocket Homœopathist, and Family Guide. By J. A. Tarbell, M.D. 1849. Bound, 25 cts.

Laurie's Homœopathic Domestic, by A. Gerald Hull, M.D. Small edition. 1848. Bound, 75 cents.

Family Guide to the Administration of Homœopathic Remedies. By H. Malan, M.D. 1853. Bound, 25 cents.

PHILADELPHIA JOURNAL OF HOMŒOPATHY.

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ORIGINAL COMMUNICATIONS.

PHYSIOLOGY OF RESPIRATION.

BY A. E. SMALL, M. D.

RESPIRATION is that function by which venous blood is converted into arterial. It is accomplished by the giving off of carbonic acid from the venous blood, and the receiving of oxygen from the atmosphere. The function of respiration is performed by the lungs. All the higher classes of animals are endowed with these organs, and they are specially intended to aid in the proper nourishment of the animal body. They operate upon the same general principle as the secreting glands, which fulfil incessantly an office the most essential to life. In the lungs, the mass of circulating fluid which had been changed in the periphery of the body into venous blood, mixed with the lymph from all parts, and the newly elaborated chyle, is brought into immediate contact with the air of the atmosphere, the effect of which is to restore to the blood its bright color, and to give to it the arterial character which is alone competent to minister to nutrition, and to impart to the nervous system and locomotive apparatus, their proper stimulus. The arterial blood thus changed, also supplies to the secreting apparatus the material for the exercise of its function. All that is necessary then for these purposes, is that the blood should be exposed to the influence of the atmospheric air, or air dissolved in water through the medium of gases. An interchange then takes place between the gaseous matters on the two sides, carbonic acid being exhaled from the blood and replaced by oxygen.

Carbonic acid is extricated, or set free from the blood in a manner, that renders it inservient to the introduction of oxygen, which is required for all the most active manifestations of vital power. It is in these two actions conjointly, and by no means in either alone, that the function of respiration essentially consists. It will be remembered that the carbonic acid passes out through the animal membrane by exosmose, and the oxygen passes in by endosmose. And this takes place continually during respiration. There is no possibility of the atmosphere coming into immediate contact with the venous blood when inhaled. Yet the oxygen is imbibed through the walls of the air-cells, and in this way exerts its marked influence upon the blood, while at the same time, the carbonic acid of the venous blood, permeates the walls of the same air-cells, and unites with the atmosphere within them, so that expiration may throw it out of the system.

The carbonic acid thrown off from the system during respiration, is derived from the continual decay of the tissues, which is ever going on in all organized bodies. This decay, however, is diminished by cold and dryness, and increased by warmth and moisture, and takes place with increased rapidity at the approach of death, whether this affects the body at large, or only an individual part, and it goes on unchecked, when the actions of nutrition have ceased altogether.

Carbonic acid is also derived from the metamorphosis which is peculiar to the nervous and muscular tissues, and is the very condition of their activity. It therefore, bears a direct relation to the degree in which they are exerted.

The direct conversion of the carbon of the food into carbonic acid, is another source, whence it is derived, and this is peculiar to warm blooded animals. The amount of carbon derived from this source, varies in quantity, in accordance with the amount of animal heat to be generated. By reference to Carpenter's Elements of Physiology, a more detailed account of these sources of carbonic acid may be obtained.

The organs of respiration are formed upon the same general plan; uniformly so in the higher classes of animals.

They are essentially membranous prolongations of the external surface, adapted by its permeability and vascularity, to bring the blood into close relation with the surrounding medium, whether it

be air or water; or to be a little more plain, the respiratory apparatus in warm-blooded animals, is but the open passage for the admission of atmospheric air. This passage is the larynx and trachea, which bifurcates as it enters the chest, and divides and subdivides continually, until it has penetrated every portion of the parenchyma of the lungs, so as to enable the atmosphere, as it is inhaled, to be brought in close proximity to the blood.

But this kind of apparatus is not adapted to the cold-blooded animals, who require water as a medium of renovating the system. In aquatic animals, the membrane is prolonged externally, into tufts or fringes, each of which is supplied with arteries and veins during the circulation through which, the æration is accomplished. These organs are not called lungs, but *gills*. In those animals that breathe air, the ærating surface is reflected inwardly, forming chambers or passages in which the air is received, and on which the capillaries are abundantly distributed.

The breathing apparatus of insects, is a series of tubes, ramifying through their bodies, capable of conveying air to every part.

If we trace a bronchus in the human lung, from its commencement to its termination, in the first part of its course it will be seen to be more or less cartilaginous, and then it becomes destitute of cartilage, retaining however, a perfectly circular form, and having no air-cells opening into it. Further on, it still retains its circular form, and numerous air-cells open into it, and at its last termination, the air-cells increase so much in number, and open into the bronchus so closely to one another, that the tube cannot longer retain its circular form, but becomes reduced to an irregular passage, running between the cells, and, ultimately reaching the surface of the lobule, ends by forming a terminal air-cell.

The air-cells are small irregularly shaped cavities, having usually four or five unequal sides; those which are situated close to the small bronchial passages, open into them by well defined circular apertures, while those at a distance from these passages, open one into another, as in the lung of the frog and serpent. In fact, each lobule of the lung of the mammal and man, with its bronchial passages and appended cells, may be regarded as a repetition of the whole lung of a frog.

The air-cells are surrounded by thin transparent membranous walls, and the capillaries are so placed between the walls of two

adjacent cells, as to be exposed on their sides to the action of the air. The number of the capillary plexuses is not the same as that of the air-cells, one net-work framing between, and supplying several cells; or in other words, one terminal branch of the pulmonary artery, supplies the plexuses of several cells.

It has been calculated by a celebrated French Physiologist, that as many as 17,990 air-cells are clustered around the termination of each bronchus, and that their total number amounts to 600 millions.

Notwithstanding the lungs during foetal life slumber sweetly in their resting place, yet they are believed to possess fully formed air-cells. When foetal lungs are injected, these air-cells are distinctly seen, surrounded as in animals that have respired, by plexuses of blood-vessels.

The chemical process of respiration, is not essentially dependent on the respiratory movements. They merely serve to expel the air which has undergone the change induced by the chemical process constantly carried on between it and the blood, and to renew the supply of fresh air.

By the internal surface of the lungs, an immense expansion is offered for the action of the blood and air on each other; and, as they are never completely emptied by the æt of respiration, this action is constant. By the contraction and dilatation of the chest, the motions of which the lungs follow, a portion of the allowed contents of the pulmonary reservoir is first expelled, and then a new supply is introduced to undergo a change in its turn.

Bourgery asserts that the air-cells continue to be developed until 30 years of age, at which time there is the greatest capacity for respiration. Subsequently to this period, the capacity lessens, especially in persons who suffer from cough. The violence of a cough frequently causes a rupture of the air-cells, which accounts for that emphysematous condition of the lungs, so common in elderly people, who have many times during their lives been subject to a cough. The power of increasing the volume of air by a forced inspiration, is much greater in young than in old persons, and is twice as great in males as in females of the same age, a circumstance which is evidently connected with the extent to which muscular efforts can be carried in these classes respectively, and fully accounts for the woman being the weaker vessel. Persons may have been observed in this and other cities

with an instrument called a pulmonometer adapted to measure the capacity of the lungs, by blowing into a tube, by which a slide is so moved as to measure the exact quantity of air exhaled. Such an instrument may not be without its use.

Respiration is carried on by two different movements, the one is termed inspiration and the other expiration. By the first is meant the action by which the air enters the lungs, and by the other the act of expelling from the lungs the air received during inspiration.

The process of inspiration and expiration is performed in man, by the contraction and dilatation of the cavity of the chest or thorax. As soon as the walls are drawn wide asunder, and the thorax dilated the external air rushes through the trachea and its branches into the air-cells, distending them in proportion to the dilatation of the thorax, thus keeping the surface of the lungs accurately in contact with the thoracic walls, in all their movements. This contact, however, can only take place while the thorax is closed on all sides, so that the air cannot exert any pressure on the *outer* surface of the lung, by which the pressure upon the inner surface would be balanced. Hence it is, that in penetrating wounds of the chest the lungs cannot be fully distended by inspiration, because the air entering through the wound into the cavity of the pleura, balances the pressure of the air on the inner surface. The lungs in such a case remain collapsed, although the thoracic parietes dilate.

The dilatation of the chest, which takes place during *inspiration* is effected principally by the diaphragm. In its natural state the diaphragm forms an arched wall between the abdominal and thoracic viscera, and in natural and tranquil inspiration the dilatation of the chest is effected entirely by its tendency to flatten. The intercostal muscles, in conjunction with the diaphragm fully dilate the chest to meet the demand of the lungs for room during every healthy inspiration. In every minute about 14 to 18 inspiratory movements occur. The ordinary inspiration involves but a little movement of the thorax, but about every 5th or 6th inspiration a greater exertion is made, and the chest becomes more fully distended.

From numerous observations, it has been ascertained that the heart pulsates about $4\frac{1}{2}$ times to every inspiration, and when there is a wide departure from this ratio, some disorder of the respiratory apparatus, or the nervous system, may be suspected.

Expiration is the reverse of inspiration, and is the reactive movement of the lungs after a full inspiration. At every inspiration all parts of the chest become distended; this is immediately followed by expiration, which restores all the parts to natural rest. The muscles which are concerned in expiration are the abdominal, which draw down the ribs, and by compressing the abdomen, force up its viscera against the relaxed diaphragm, and thus diminish the cavity of the thorax from below.

Inspiration is about one-fifth longer in duration than expiration. If the usual time occupied by the respiratory act were represented by the number 10; from the beginning of inspiration to the beginning of expiration may be represented by 5, expiration by 4, and the period of rest 1. This repose succeeds every expiration.

Much is said about the capacity of the lungs, by which, according to Hutchinson, is meant that quantity of air which an individual can force out of his chest by the greatest voluntary expiration, after the greatest voluntary inspiration. This author has shown, that in health the quantity bears some ratio to the height of the individual. Thus the mean capacity of 172 males under the height, 5 feet 8 inches, is 220 cubic inches, whilst that of 82 males, from 5 feet 11, to 6 feet, is 255 cubic inches—for every additional inch in height above 6 feet, we may calculate that 8 cubic inches of air are given out by a forced expiration. The exceptions to this occur among stout and corpulent individuals, whose capacity stands lowest. The size of the chest, therefore, is not always a criterion as to the capacity for expiration. Mr. Hutchinson also found that the full expiratory force of a healthy man is commonly one-third greater than his inspiratory force.

Mr. Coathupe made some experiments, by which he proved that 460,224 cubic inches of air pass through the lungs of an ordinary sized man, every 24 hours.

Sir H. Davy calculated that the human lung, after the strongest expiration, will still retain 35 cubic inches of air, and about 168 cubic inches after an ordinary expiration. This is called the residuary air, and upon this depends the lightness of the lungs, which are such as to enable them to float on water. In fact, when once these organs have been distended by a full inspiration, no mechanical or other power can dislodge the air, so that they will sink in water. Upon this circumstance was based the hydrostatic test of

infanticide, for when a child is still-born its lungs will sink in water, but if it once cries or its lungs become distended, they cannot be made to sink in the event of its death. The residuary air also gives rise to the tympanic resonance on percussion.

In the act of inspiration the air within the lungs is alternately increased and diminished in amount, and thus a regular exchange is secured. This exchanges however only a portion of the contained air at a time; and this proportion appears to vary according to the frequency of the inspiration. Indeed, if it were not for the tendency of gases to mutual diffusion, the air in the remote cells would not be changed. Probably about one eighth of the whole is changed at each inspiration. As long as the residuary air contains any oxygen, æration of the blood will take place, provided always the heart continues to act; but as soon as the contained oxygen is consumed asphyxia begins to occur, unless a fresh supply is obtained; the residuary air will probably support life about three minutes.

The nerves that influence respiration are all derived from the medulla oblongata, and the spinal cord is as it were the trunk of the nerves that arise from it. If the medulla oblongata be injured respiration ceases; if the cord is cut or drawn above the point where the dorsal nerves are given off, the motion of the ribs and abdominal muscles are paralyzed, while the other respiratory movements continue. If it be divided above the origin of the phrenic nerve, the diaphragm is paralyzed, while the nerves given off from the medulla oblongata still continue to exert their influence.

The respiratory movement is partly voluntary and partly involuntarily. The voluntary are subservient to the production of vocal sound,—singing and speech. The involuntary serve during sleep and moments of forgetfulness, to keep up the movements of respiration, on which the life of the whole system depends.

The phenomena in respiration are the removal of a certain quantity of oxygen from the air, and its replacement by carbonic acid, and the change in color of the blood from a dark venous hue to a bright scarlet or arterial. The relative proportions of oxygen inhaled, and of carbonic acid exhaled, are to each other inversely as the square roots of their specific gravities, *i. e.* the quantity of oxygen absorbed will exceed that of the carbonic acid given off in the proportion of 1174 to 1000. Carbonic acid contains precisely its own volume of oxygen, consequently of the 1174 parts of oxygen

absorbed, 1000 parts are again excreted as carbonic acid, leaving 174 parts or nearly 15 per cent. to be accounted for. Some of this unites with the sulphur and phosphorus of the original components of the body, the remainder most probably enters into combination with the hydrogen of the fatty matter, thus forming part of the water exhaled from the lungs.

Of the nitrogen which enters so largely into the composition of the atmosphere, a small portion only is absorbed, in consequence of the difficulty with which it passes the animal membranes. Its main use in the atmosphere being to dilute the oxygen. The exhalation and the absorption of nitrogen appear usually to balance each other, so that the amount of this gas in the respired air undergoes little or no change.

The mean quantity of carbon set free every hour by adults, is about 160 qrs. to each; this would give more than half a pound every twenty-four hours, but the amount varies. Some give out more and some less. Males give out more than females, and the young and middle aged more than in old age. The quantity exhaled is increased by cold, exercise, or a full meal, and by many of the exanthemata. It is diminished in typhoid and typhus fevers, in chronic diseases of the respiratory organs, and in sleep. Independently of these variations, there is a difference in amount in accordance with the time of day, being least at midnight, and most at midday, the quantity gradually rising and declining from one to the other.

The sources of carbonic acid have been shown; it is not found in the lungs, but proceeds from the venous blood or the tissues themselves.

The change of colour effected in the blood by respiration, is thought by Liebig to be the action of the oxygen upon the iron in the red corpuscles of the blood; he supposes that the iron in the venous blood is in the form of a protoxide, and in the arterial it exists in the form of a peroxide; other physiologists take a different view of the matter, and thus the question is left unsettled.

The blood parts with sixteen or twenty ounces of water every twenty-four hours, and at the same time absorbs volatile substances from the atmosphere. None of the gases are fit for respiration except in that commixture, in which they exist in the atmosphere; this alone is durable for respiration; all the gases prove speedily fatal

when respired, except nitrogen, and this can only be breathed for a short time without injury, and only when it is oxidulated. Man cannot breathe pure oxygen but ten minutes, according to Davy; its effect, at first, gives a more lively activity, a greater frequency of the pulse, increased heat and pleasure; then follows anxiety; the venous blood becomes a bright red, and ill adapted to the want of the economy, hence follows a variety of phenomena ending in death.

The oxydulated nitrogen gas can only be breathed about four minutes; at first it intoxicates, and then it produces suffocation. Hydrogen gas may be breathed for a minute, while it intoxicates, then follows anxiety, fainting, palsy and death.

The most poisonous gases are carbonic acid, the oxydes of carbon, and sulph. hydrogen gas. In close apartments, filled with men, the air becomes deadly from carbonic acid, and the same results in similar apartments from burning charcoal, which extracts the oxygen from the atmosphere and generates carbonic acid gas. Numerous cases of death from asphyxia are recorded as resulting from this circumstance.

The carbonic acid exhaled from the lungs, does not return by inspiration, because the gas being heavier than atmospheric air, sinks the moment it is exhaled, and leaves the atmosphere to be inhaled in its place.

When in breathing, the current of air is driven through a narrow passage, the breath is attended with a sound. For instance, if through the mouth, without the elevation of the palate and the depression of the root of the tongue, that most disagreeable kind of music, called snoring, is the result. Hawking is produced by raising the root of the tongue so as to constrict the cavity of the throat. The production of this kind of music is common when colds are prevalent. Any other source of irritation that narrows the rim of the glottis or brings the palate and pharynx into near approximation, may occasion coughing or sneezing. These may appear to be trifling matters, but when viewed in connection with the function of respiration, sneezing is not to be sneezed at.

By placing the ear on the chest, a hissing sound may be heard when natural respiration is going on; this is what is termed the respiratory murmur, and is produced simply by the entrance and exit of air in respiration.

To form some idea of a healthy respiration, it may be stated that a new-born infant will breathe 54 times in a minute; from fifteen to twenty years of age, one will breathe 20 times in a minute; a child eight years old will breathe 26 times a minute; when from twenty to twenty-five years of age, he will breathe 18 or 19 times in a minute; from twenty-five to thirty, 16 times; and from thirty to fifty-six, 18 times; from this it will be seen that the number of respirations per minute is the least between the ages of twenty-five and thirty, and from this may be inferred, that the physical system at that period is the most vigorous and robust.

The breathing may be voluntarily accelerated for a short period. When disease produces acceleration, in a very marked degree, there is danger of speedy dissolution. Normal breathing requires no exercise of the will.

Thus it will be seen, from the remarks which I have made, that the animal system is sustained and nourished by the aid of respiration, a function replete with interest, and one that may be studied with immense profit.

AN ESSAY ON THE MORAL OBLIGATION OF HOMŒOPATHISTS TO SUSTAIN AND DISSEMINATE HOMŒOPATHIC INSTITUTES.

BY L. M'FARLAND. M.D.

It is the too common custom of students of medicine who are confessedly persuaded of the truth of the Homœopathic law of cure, and who design to practice in strict observance of that law, to attend one or two courses of lectures in some Allœopathic school, and their last course in a Homœopathic College, or perhaps, the plan more commonly pursued is to attend the full required number of courses in an Allœopathic College,—obtain a diploma therefrom, and then either unaided, or under the nominal instruction of a private preceptor undertake to acquire a knowledge and enter upon the practice of Homœopathic medicine; and moreover this custom and plan is countenanced and advised by some Homœopathic Physicians.

I am convinced that a due consideration of the *morality* involved

in this system of procuring medical knowledge by Homœopathic students would deter them from it, and incline them to a wiser and more consistent course. Some of the reasons adduced by students for attending Alloëopathic in preference to Homœopathic Colleges are :

1st. That the Professors in Alloëopathic Colleges are better instructed, more experienced and skilful as teachers, than in Homœopathic Colleges ;—that the facilities for acquiring knowledge of the several branches taught, which are common to both schools, as Anatomy, Physiology and Chemistry,—are superior in the older Alloëopathic Institutions.

2d. That there is a disposition in the community to regard Physicians who have graduated from Alloëopathic Colleges, and subsequently superadded a knowledge of Homœopathic medicine, as better instructed in medical and *general* knowledge, and of better professional competency, than those who have only attained an understanding of Homœopathy, and that therefore, the diploma of an Alloëopathic College confers upon its possessor a higher social eminence and professional rank, than one from a Homœopathic College.

3d. That after acquiring a knowledge of Alloëopathy and obtaining a diploma from an Alloëopathic College—thus making sure of. “social standing, and professional respectability”—Homœopathy can be learned “easily enough” of some private preceptor.

The foregoing are the usual and principal arguments adduced by students of the Homœopathic faith in justification of attending Alloëopathic Colleges to the neglect of Institutions in which their own tenets are taught.

In considering these arguments, and demonstrating the error committed by those who use them and act in agreement with them, it will be necessary first to examine briefly the relation of the two medical schools to each other, and to society.

Hahnemann, in his *Organon*, avers, that the old system of medicine, and the system which he has discovered, are the “exact opposite” of each other ; “as opposite as day is to night ;” that the “unhallowed main business of the old school of medicines is to render, through ignorance, if not fatal, at all events, incurable the vast majority of all diseases ;” that it “had shortened the lives of ten times as many human beings as the most destructive wars, and

rendered many millions of patients more diseased and wretched than they were originally."

These are startling propositions, and to the unobserving and unreflecting will seem wildly chimerical, but they are propositions to which Homœopathists as a school fully assent,—propositions for the demonstration of which there exists within the lids of the ponderous library of Old Physic overwhelming evidence. The result of a careful analysis of cause and effect, as relating to the therapia, and mortality by diseases of past ages, viewed in the light of the science of the present day, is in an extreme degree, saddening and humiliating to human intelligence and perception. Hahnemann, years ago, before the proof was so unequivocal as it now is, with a vision which we may well believe was rendered penetrating and comprehensive by Heavenly anointing, perceived and assured himself of the verity of the declarations afore written, and aroused by the glare of the fearful fact, and impelled by the enthusiasm and humane instincts of a lofty and loving spirit threw himself, not to be immolated, but to arrest its progress, before the wheels of the destroying Juggernaut. A half a century has rolled by, and men of other generations have soberly and religiously considered his strange promulgations regarding Alloëopathic medication, and deeply studied, discussed and experimented to determine their truth or fallacy, and what is the issue? An astounding verification!

What evidence is on record to-day that the influence of medicine as practiced for the last two thousand years, has been wofully destructive, and *not* ameliorative to human health? Look into the modern literature of Alloëopathy, and confessions and admissions will meet the eye on almost every leaf.

Mark the result of the experiments of Diets instituted to refute the doctrine of the efficacy of Homœopathic medication to demonstrate that the success attending Homœopathic management of disease is due not to the application of remedies according to the law of *similia*, but to the *vis medicatrix naturæ* and observe with what damning proof it stamps *murder* on the brow of the school of lancets, pukes, purges, cauteries and sinapisms. Look, also, at the statistics of the expectant treatment in France, and behold how they declare against the health-restoring influence of the drugs and venesection of old Physic.

Dr. Forbes, of England, physician to her Majesty, Queen

Victoria, and late Editor of the British and Foreign Medical Review,—a leading Alloëopathic Journal—discussing the condition of “Regular medicine,” says: “things have arrived at such a pitch that they must mend or end:” the profession “continue to be almost as ignorant of the actual power of remedies in modifying, controlling, or removing disease,” as they have been in all time past, and their treatment of disease results, “alas! as often for the worse as for the better;” and again the same Author continues “The comparative powerlessness, and positive uncertainty of medicine is also exhibited in a striking light when we come to trace the history and fortunes of particular medicines and modes of treatment, and observe the notions of practitioners at different times respecting their positive or relative value. What difference of opinion! what an array of alleged facts directly at variance with each other! what contradictions! what opposite results of a like experience! what ups and downs! what glorification and degradation of the same remedy! what confidence now—what despair anon in encountering the same disease with the very same weapons! what horror and intolerance at one time of the very opinion and practice which previously and subsequently, have been cherished and admired.”

* * * * * “The same truth, as to the uncertainty of practical medicine generally, and the utter insufficiency of the ordinary evidence to establish the efficacy of many of our remedies, as stated above, has been almost always attained by philosophical physicians of experience in the course of long practice, and has resulted, in general, in a mild tentative or expectant mode of treatment in their old age, whatever may have been the vigorous, or heroic doings of their youth.”

Dr. Andrew Combe, late Physician to the King of Belgium, and one of the most eminent and learned of British Physicians, assents to the foregoing views of Dr. Forbes, and urges that drugs and the lancet should be discarded and *nature* consulted and obeyed in the management of disease.

And now, within a few months, another “Leader in Israel” has sheathed his blade, and cried “enough blood!”—Enough of this senseless depletion whether by the lancet or jalap. Prof. Skey, of the College of Surgeons, England, author of Skey’s Surgery, etc., has recently published in pamphlet form, two lectures “delivered by him in the College of Surgeons,” &c., &c. He says, “For many

years I noticed the results of treatment of Peritonitis by depletion, *and it is remarkable how few were saved*; and so universal was the same result that for seven years nearly every case was in my judgment consigned to the grave, so soon as the resort to leeches was the practice adopted; you may abstract $\frac{9}{10}$ of the blood circulating "within the body, and the cause remains behind, and still operating on debilitated power, whatever other cause the disease may be referred to, it cannot, and ought not, to be referred to the quantity of blood itself, because it is *notorious* that inflammation is of more frequent occurrence after hemorrhage or in constitutions debilitated either by impure air, or imperfect nourishment.

"Now it is quite obvious, that a man weakened by loss of blood, whether natural or artificial, is less able to withstand the effects of irritation of every or any kind, than a man in health—that he has less power of reparation or recovery, and that in abstracting blood in any considerable quantity, we are in reality, depriving him of the only safe-guard and support by which his powers may be re-established "Conjointly with this theft of the great pabulum of his powers we not only carry off by violent purgatives, the nourishment that may yet be retained in the alimentary canal, but we bleed the mucus membrane by the encouragement of profuse secretion; we sweat him with antimony and we deprive him of food, and all this, *and a great deal more is perpetrated by science with a view to carry out and discharge from the system the only ingredient, by an ample supply of which in its full vigor, health can be restored.*"

Such are some of the confessions and admissions which the "Captains" of the school of "regular Orthodox medicine," are daily forced to make in confirmation of Hahnemann's allegations respecting the perniciousness of their practice—a practice which according to their own showing is filling new graves every day. The treatment which Prof. Skey admits and proves to be so unscientific and destructive is the treatment adhered to and taught by the great mass of Allœopathic Physicians and professors at the present day. To substantiate this I will here transcribe the "Treatment of Peritonitis," as advised in "Neill and Smith's Compend. of Medicine,*" a work endorsed by all the Allœopathic Colleges in the country, and in the hands of almost every student of Allœopathic medicine. "Treatment,—Bloodletting to be repeated according to

the patient's strength, &c., leeches very freely applied over the painful parts, and warm fomentations, are the chief means on which reliance is to be placed at the onset of the disease, together with a full dose of calomel, followed by castor oil; small doses of calomel should now be given, until the "mouth becomes sore, and the bowels must be kept open subsequently with gentle laxatives or enemata. If the tympanitis be troublesome, enemata, containing turpentine or assafoetida, may be administered for the sake of obtaining temporary relief."

The testimony of Forbes, Combe, and Skey—Nestors all, in the school of "regular medicine," together with the published admission of "lesser lights" of the same faith, which might be quoted almost *ad infinitum*, and the result of expectant treatment in France and Germany, establish beyond cavil or question the horrifying verity of the most startling of Hahnemann's averments regarding the disease and death tendency of the popular practice of the "healing art," and impose upon thinking, conscientious men the obligation of standing aloof from, declining to afford "aid and comfort," and pecuniary support to institutions where it is taught.

Against this system, the banefulness of which he was so fully convinced of, years ago, and which is now, partially admitted by the most philosophical and consistent of its disciples, Hahnemann raised his voice, and exerted the whole influence of his profound intelligence; and as the result of unwearied and protracted research and experiment he announced to the world "a newly discovered, true healing art." This new theory of cure he based on the law *similia similibus curantur*, and by his genius, indefatigable industry and undaunted energy, substantiated to the acceptance of other worthy and progressive spirits its certainty and beneficence. It is not necessary for me to rehearse the early history of Homœopathy—the fierce opposition it at once challenged; the persecution of its immortal founder, and the hero spirits that stood by him in the night of his trial; the steady advance it made in the land of its birth despite of contumely and persecution—its spread to other countries—the influence it exerted to modify the treatment of the old school and its present splendid position and sway; with the august omnipotenc of truth it rose superior to every hindrance; stood undismayed, with its sling and pebble,

in the midst of frowning and threatening Goliaths; trod with a brave step and heavenly grace over mountains and across seas and oceans, and domiciled itself in all the regions of the civilized world.

To-day, as in the first hour of its life, it stands the natural antipodes and resolute opponent of old physic, "joins issue with it on every inch of its possessions," and harnessed and helmeted, and bearing aloft its own glorious drapery, is sworn to "beat it from its fastnesses among the morasses of false experience—of vain hypothesis and theory."

It is not necessary to resort to learned argumentation to evince to Homœopaths the verity of the law upon which their therapia is based. It has been repeatedly assailed, and hung up and exposed to projectiles of every sort—analyzed and synthatized, and its integrity is unshaken—its texture imperforate, and its whole truth as completely and invincibly authenticated, as that the sun is the source of light and heat. Its basis cannot be overturned without undermining there liability of all human testimony. Perceiving and acknowledging that the doctrine of Alloëopathy and Homœopathy are "fundamentally and entirely opposed"—that the tendency of the former is noxious, and of the latter beneficent—how can we aid in the support of the former without incurring moral guilt? In paying our money into the treasury of an institution, in which principles are taught calculated in their application to subvert health and entail woes and sufferings upon our race—do we not countenance and contribute to these results, and will not a sagacious community, cognizant of our conduct, so utterly in disharmony with our professions, justly regard us with suspicion and distrust. If we are, indeed, sincere in our pretended faith regarding old physic—if our law, and whole plan of treatment is not a mere farce, then there *is* and *can be* no warrant for such palpable inconsistency.

The argument of superior qualifications of the Professors in old school colleges as instructors—the better facilities, &c.,—used by students, in apology for attending lectures in such institutions, is quite incompetent at the present time. We have colleges of our own—established for the benefit of our school, and the diffusion of sound Homœopathy, which offer every desirable facility to the student in quest of medical knowledge.

The Chairs of the several Professors in our colleges are occupied

by able and earnest men, and competent and thorough teachers, and all the collateral advantages usual to Allœopathic schools, are as fully realized and enjoyed in our own. There exists, therefore, in Homœopathic colleges no deficiency of facilities for deriving all the benefit attainable by attendance on medical lectures any where, and it is conceded by students who have attended lectures at the New York Colleges, University of Pennsylvania, Jefferson College, Dartmouth and Harvard, that the instructions in the Homœopathic College of Penn are more minute, thorough, practical and satisfactory than in the establishments above named.

With respect to the second argument mentioned, namely, that the diploma of an Allœopathic college is regarded by the community as a certificate of better general attainment, and title to higher, social and professional standing, it is necessary only to observe, that the individual who enters upon "the solemn business of treating disease," with a proper love for the calling and appreciation of the responsibilities of the mission, will not regard the parchment upon which a few high sounding latin sentences are inscribed, as his passport to high professional or social rank, but by the exhibiting intelligence and capacity in his profession, and of creditable results in the management of disease, will *compel* social homage, and secure, as a physician, the regard and confidence of the community.

Quite too much importance is attached to the mere possession of a diploma, as if the exhibition of that were sufficient to settle the question of professional competency. A man may hold diplomas from every college in the land, yet if he does not acquit himself worthily, neither his social nor professional position will, by that mere circumstance be elevated a single degree, and though he hold a diploma from the obscurest of all the schools, yet if he evinces himself capacitated for the profession, he undertakes to practice the fact of his having graduated from an obscure college will not, in an American democratic community, be thought a reproach, or militate one iota against his "social rank," or "professional" advancement.

But if the reverse were true, the argument would not avail, as an excuse for Homœopaths procuring diplomas from Allœopathic Colleges. The Homœopathic College of Penn, though yet in its infancy, holds no mean rank among the institutions of learning

in the country, and its reputation is growing and must continue to grow in public favor and respect. The teachings in the institution, as before observed, are complete and practical; and gentlemen who receive their whole medical instruction, and graduate from this school, will be known wherever they locate for thorough attainment and successful practice; and this fact, becoming apprehended by the public, as it must, will "determine judgment in favor of our schools, and if Homœopathists continue true to it, and the faith they profess, the Homœopathic College of Penn will soon have acquired a substantial and wide fame, and its graduates will eagerly and proudly own it as their *alma mater*."

And with respect to the third argument, namely, that after obtaining a knowledge of Alloëopathic medicine, and a diploma therewith from an Alloëopathic college, Homœopathy can be "easily enough learned" of a private preceptor, or even from books, it may be answered, simply, that learning Homœopathy of a private tutor, or from books, will be found "up-hill business." In the first place competent private teachers, in practice, willing and able to bestow due attention upon the instruction of a student, are scarcely found. There are obstacles in the way of obtaining the needed knowledge by such a plan quite "too numerous to particularize," but "which will readily occur to every reflecting mind."

It may, in brief, be written as a fact, that there is but one right, profitable and consistent way to elicit a satisfactory understanding of Homœopathy, and that is to sit at the feet of its appointed teachers and learn of them the whole story of its marvellous power. Alone and unaided, the student of Homœopathy would make but sorry attainments indeed, for it is *not*, as many suppose, a simple story, that "he who runs may read," but a system of deep philosophy of intricate and beautiful harmony, and require to be "lit up" by the light of the knowledge and experience of the veteran explorers and disciples of the faith, in order that its glory and its charms may be perceived and appreciated.

Considering, therefore, the relation of the Alloëopathic and Homœopathic systems of medicine to each other, and to society, it must be apparent to every mind that Homœopathists are morally obligated to exert their influence in favor of institutions established to teach the reform in medical practice, which they allege is so much needed, and that they are not excusable in advising recogni-

tion and pecuniary support of institutions, whose teachings they repudiate and reject, as at variance with philosophy and the physical and moral integrity of the human race.

Lay Homœopathists have a deep concern in this subject, and are bound by duty to their own social interests, to see that the physicians in whose principles they trust so much, and whose system of practice they support, act consistently.

It is just to discriminate the sincerity of a fraternity of individuals, by the zeal and congruity they exhibit in the support and extension of the peculiar creed they avouch. Measured by this test, Homœopathists are forced to the admission that friends and opponents have ample occasion to challenge the integrity of their professions.

I am confident that Homœopathists do not apprehend the magnitude of the obligation that is upon them. Absorbed in a richly remunerative practice, "*they have no time*" to consider that if Homœopathy is *the* benign and only true system of cure, all other systems *must* be obnoxious and hurtful, and that, therefore, they are "in duty bound" to seek the overthrow of the latter, and the universal acceptance and establishment of the former.

Many physicians seem to consider that their mission ends in the mere acts of visiting the sick *and collecting their fees*; they seem not to regard it as their business to utter a word of admonition to careless "neighbors" respecting the sources of danger to their healths, or to put forth any effort whatever to awaken attention to a cause that is inducing an untold sum of weeping and anguish of heart, and sacrificing scores of lives every day.

This disposition is discreditable to the Homœopathic fraternity, and dishonorable to the "humanity of man." Every physician, confessing faith in the doctrines of Hahneman, and practising according to the law he made known, should feel it a personal duty to act as a colporteur or missionary in the cause, and labor diligently and consistently to convert the world from error unto truth in medicine.

What I have written in regard of the matter of attending lectures in Alloëopathic institutions, is in direct impeachment of my own action. My garments are by no means clean of the offence I have condemned. I attended two courses in an Alloëopathic college, and was counseled to do so by Homœopathic physicians—earnest, zealous Homœopaths. The question of the consistency, or *morality*

of the plan probably never for a moment transpired to their mind—certainly it did not to mine. The plan *lost much* and *gained nothing* to me in the way of valuable knowledge, and has implanted in my mind a regret which I shall not soon overcome.

My testimony, therefore, regarding the comparative value of the instructions in Alloëopathic institutions, and the Penn College of Homœopathy is based on my own observation, and also the corroborated declarations of many others of similar experience with myself.

In concluding this essay, I may suggest that it seems to me incumbent on Homœopathists to make the whole subject which I have imperfectly discussed, a solemn question of duty, and to see to it that through their example and influence evil doctrines are not perpetuated in the world, and disease suffering and death induced to our brother.

Homœopathy is not yet exempt from persecution, but is even now enduring the ordeal of obloquy and fierce opposition.

Foes without and foes *within*, are seeking openly and covertly to crush out its life.

In Germany the flame of persecution still burns, and in “liberal and free England” the spirit of intolerance and bitter hostility is actively essaying to debase, and put it without the pale of respected things.

It is, therefore, peculiarly and imperatively enjoined upon us who love the ascendancy of truth and not error, who would see the scourge that has so long debilitated, cachexied and crippled the great mass of mankind, supplanted by a system of scientific and beneficent medicine, to labor efficiently and rationally to that end, and to achieve so pious and glorious a result, we must exert ourselves to sustain and disseminate *our own institutes*, and *not* the institutes of an obnoxious and pernicious rival practice.

We have occasion to exult in what has already been accomplished. Our faith is spreading and growing in almost every region of the globe. Its light is steadily and surely dissipating the thick vapor that has so long overhung and darkened the medical mind, and humanity is preparing for the gratulations and festivities of “the good time coming,” when stalwart and sinewy health shall succeed pain and puking disease; when graves for youth shall be less frequently opened; when the era of certainty in medicine shall obtain; in fine, when Homœopathy shall be inaugurated in all the borders of the Earth.

OBSERVATIONS ON ASTHMA,

BY DR. GABALDA.

Translated from the French by W. Geib, M. D.

INTRODUCTION.

THE nature of diseases classed by Cullen under the general title of nervous, has been liberally discussed from the time of Pinel to the present day; and if the conquests of science are to be estimated by theories and controversies, we have to conclude that, in this question at least, the art of medicine has made great progress. What has not been written on insanity, hysteria, and asthma, speaking only of the more celebrated discussions? What sciences have not been put in requisition, from physics to psychology, to form the materials of this diversity of theories? And still it cannot be denied that the knowledge we have on this subject is derived from practical medicine and clinical experience, and is entirely foreign to the pompous and deceptive fancies that have amused the medical world.

Nervous affections, the nervosa of technical language, at the mere mention of the term, at a period when more attention was paid to the locality and description of disease than to its physiological nature, aroused every question relative to the nervous system. The best minds have not always avoided this stumbling block, and even J. P. Frank, that veritable physician, has felt obliged, in reference to nervous diseases, to give us all he knew of the nervous system. Such is the influence of words. Had these maladies been placed in another category, they would probably have been regarded and described with more simplicity and truth. It is necessary then to conclude that, from Galen down, an incessant error has reigned, which has engaged the mind in insoluble questions. I would speak of confounding diseases with their predominant symptoms.

Thus mental alienation is generally confounded with madness, as dyspnoea is with asthma, and habitual low spirits with hypochondria. It is useless to multiply examples, these will suffice for our present purpose.

What is the consequence of this confusion? It is, that when we have located a predominant symptom, we think we have located the

disease, and equally apply to the disease all the theories that are fancied to explain the production of the symptom. Now, nothing is easier than to locate a symptom, as it is generally only a perturbation of a function, and all functions belong to some organic apparatus. To locate a symptom then is to remind me of the vulgar saying, "*To break open an open door.*" For our localizers and expounders have never yet done any thing else. They know the brain is the organ of ideas, and think they have expressed something more than a pleonasm in locating disordered ideas or mental alienation in the brain. They think, after having explained, *vaille que vaille*, mental alienation as a disorder of the ideas, to have explained and located madness; this is a mistake; there is something in madness besides mental alienation. The same with respect to dyspnœa; its name indicates its seat and its nature, and it is not difficult to locate difficult respiration in the respiratory organs. But when dyspnœa has been located in any part of this apparatus, the mucous membrane, muscles, nerves, or vessels, we have not located the asthma, inasmuch as asthma means something more than a sibilant dyspnœa.

The system of the localizers reposes therefore on a medical sophism, which consists in confounding a symptom with the malady, a part with the whole.

These explanations however had their foundation: as the diseases now being discussed were termed nervous, the origin of the principal symptom had to be sought in the disorders of what is termed the nervous fluid; without knowing too well what was said, more than we do when we talk of the animal spirits. Hence, the expressions, through nervous electricity, excess of nervous excitement, nervous irritation, the arterial nervous fluid, nervous sympathies, the communication of the two nervous systems of the animal and organic life; and as the less we know, the easier it is to proceed in this way, we may understand the immense influence which all powerful sympathy has exerted in the production of nervous affections. What is there more at the bottom of all this than the play of the imagination, too little restrained by the bridle of medical science.

But you will say this may be disregarded. Without doubt it may, and in practice ought to be disregarded; and it is precisely what we contemplate doing; but it is desirable to show the great inconvenience of all such theories. We have taken the word of

authors who have affirmed that nervous diseases, *morbi sine materia*, were diseases without lesion. Some, however, have neglected to look for lesions, that might have been met with, either as accidental or habitual, in these maladies, and others finding them, concluded that *the diseases were not nervous*. Hence, they made out of these lesions new maladies; such as softening of the brain in old age, pulmonary emphysema, &c., so that, thanks to the localization and description of nervous diseases, the history of those maladies is falsified by three orders of medical error, without referring to physiological absurdities.

1st. Confounding a symptom with the disease.

2d. Ignorance or negation of the lesions which may exist in nervous diseases.

3d. The creation of all kinds of new maladies out of the symptomatic lesions of nervous affections.

It becomes a duty to take count of the chaos which reigns in this part of nosography. If this theory was rejected in practice as false, we should be better protected. But as the treatment of nervous affections is generally based on these chimerical postulates, we have a double interest in exposing their errors.

We shall therefore be excused for not following in this essay on asthma the wanderings of which we have just shown the injurious consequences. We propose to repair the breaches made in medical science by the false theories of the Organicians.

A word now as to the course we have had to follow, in order to succeed in our undertaking.

In the first chapter we have thought proper to invoke tradition, and prove by a short historical review, that the existence of asthma was always known.

The twelfth paragraph of the chapter referred to, is devoted to the examination of the works and discussions on Asthma, from Cullen to the present time. Within that period the organic theories gaining more empire over men's minds, tended to cause the disappearance of the malady under discussion from the nosological catalogue, and to substitute in its place pulmonary emphysema. We have got rid of the troublesome and mischievous consequences of this doctrine.

We have presented next a tableau of the disease in noticing all the modifications, it is able to assume in its progress, and in its

symptoms. From these we conclude to admit three forms of the disease, in which will be found all the varieties known under the names of nervous, flatulent, catarrhal, humid asthma, &c.

In a third chapter appropriated to the diagnosis of asthma, we have analyzed with care the principal symptoms of the disease, and we have reported the phenomena furnished by percussion and auscultation.

Finally, we have described, as completely as the state of the science has permitted us, the habitual lesions or accidents of asthma.

Such is the plan we have followed. This plan, which has only observation for its base, and rests on no theory, has allowed us to note every fact, and to add to the history of asthma, the recent discoveries in pathological anatomy; while preserving the legitimate ideas which former physicians of our epoch have entertained on this malady.

CHAPTER I.

HISTORICAL.

§ 1. Asthma has been known at all times. The historical researches contained in this first chapter, have for their object, to prove that at all times a peculiar malady has been known under the name of asthma. Among the principal authors of antiquity, some have given so full a description of this disorder, as to make it impossible to mistake it; others have been limited to definitions, but these are all based on the same characteristics, and designate with as much certainty the same morbid state.

Celsus has regarded asthma merely as a degree of dyspnœa, but his manner of defining it, clearly shows that he refers to the dyspnœa of asthmatics; *Difficultas spirandi dum modica est, neque ex toto strangulat δυσπνοια appellatur; cum vehementer est ut spirare aeger sine sono et anhelatione non possit, ασθμα, cum accessit id quoque ne nisi tecta cervice spiritus trahatur, ορθοπνοια.* (A. Corn., Celse, lib. iv. cap. iv.)

Areteus gives the same definition as Celsus, but he adds to it a pretty complete description of an attack of asthma. Following is the description of Areteus:—

“Asthma declares itself by the following symptoms: Sense of

weight in the chest; slowness in the performance of habitual duties, and in all kinds of action; difficult respiration when running or in climbing an elevation; roughness of the voice; cough; flatulence; eructations; insomnolence; heat during the night; slightly marked dilatation and elevation of the nostrils. If the disease increases, the cheeks become red, and the eyes project, as in strangulation. A whistling is heard while awake, but is much more marked during sleep. The noise is humid, obscure, and deficient in sound; the patient seeks with avidity the impression of cold air. The room they occupy seems too small and too confined for the quantity of air they appear to want. They rise and open the mouth to aid respiration. The face is pale, except the cheeks. Sweat covers the forehead and the neck. A continual and troublesome cough is present. The sputa is spumous, cold and small.

“The neck swells during inspiration, *præcordia revulsa sunt*. The pulse is small, frequent and depressed. The limbs are fallen away. If the symptoms are aggravated, the patient may die of suffocation, as in epilepsy; if, on the contrary, they decline, the cough is lengthened and less frequent, the sputa humid and spumous is often discharged; the urine is abundant and without deposit, and the stools liquid and copious. The voice becomes clearer and stronger. Sleep is no longer interrupted. *Præcordia remittuntur*. A pain is felt in the shoulders. Respiration becomes less frequent and easier, but the voice preserves a certain hardness. Thus asthmatics escape death; but even during the remissions of their disease, and when not confined to bed, and able to walk, they always exhibit some signs of their sickness.” (*Areteus de diut., Affect., lib. 1, cap. xi.*)

Galen has spoken of asthma in many places in his works. In the different passages which refer to it, he notices the characteristics of dyspnœa, its etiology, and prognosis. In the book entitled *De Compositione Medicamentorum secundum locos*, (chap. vi.,) we find the following definition: *Qui citra febrem dense respirant, qualiter faciunt qui velociter cucurrerunt, eos a symptomate asthmaticos medici solent appellare.**

* Jam vero asthmata tum propter horum ad interna motum, tum propter refrigerationem fieri consueverunt. T. xvii., part ii., p. 625, edit. de Kuhn.)

Ætate proveci magis quam eo corripiuntur. (Ibid. p. 623.)

Cur frequetissime eo senes laborent: asthmata vero tum ex catarrhis, tum

Cœlius Aurelianus has left us a description of asthma. It is less complete than that of Areteus, but it contains some symptoms not found in that of the physician of Capadocia. Thus, for example, C. Aurelianus has noticed that asthma is more common among men than women, in the old than the young. He notices it more in winter and during the night, than in summer and during the day. The progress of this disease is characterized by attacks and remissions. However, its subjects always preserve a slight difficulty of respiration, which is easily increased by ascending an elevation or when walking fast, or when under the influence of a bad digestion, fatigue caused by coition, cold, dust, and smoke. (C. Aurel., *Morb. Chron.*, lib. iii. cap. i., *de Suspirio sine anhelitu quem Græci ashma vocant.*)

Oribasius has limited himself, like Galen, to indicating the principal phenomena of this disease. Besides which, he proposes some remedies that are in use at the present day: *Asthmaticis medicamenta dissicantia et non vehementer calefacientia conveniunt; quam obrem acetum scilliticum eos optime juvat. Quin et ipsa scilla et oxymel quod ex hoc aceto conficitur convenit.* (Oribasii Sard., *Synopses*, lib. ix. cap. v., *de Asthmate.*)

The Arabs have preserved the opinions of the Greek and Latin doctors on asthma, but they have added nothing to what they possessed from their predecessors on that subject.*

It is the same with all the authors that have written during the period that intervened between the Arabs and the regeneration of medicine.

Modern authors offer us descriptions which are more complete.

Van Helmont has left us some details on asthma more worthy of being preserved. He has very correctly indicated the forms under

etiam quod alias spirandi instrumenta non rare proprium sui frigoris principium subeant. (Ibid. p. 640.)

In senibus incurabile. (Ibid. p. 539.)

* Following is the definition given by Avicennæ —

“Asthma est ægritudo pulmonis cum qua quiescens non invenit excusationem ab anhelitu frequenti, sicut est anhelitus quo laborat præfocatus et fistinatus. Et hæc ægritudo cum accidit decrepitis non fersitan sanat neque maturat: cum ipsa etiam in juvenibus difficilis fit et secundum plurimum augmentat apud resupinationem. Et hæc quidem ægritudo est ex ægritudinibus longis, habens cum hoc paroxysmos acutos secundum similitudinem paroxysmorum epilepsiæ et spasmi.” (Avicennæ, lib. iii. f. x, tract 1, cap. xxxviii. de Asthmate.)

which this disease manifests itself: *Est ergo duplex asthma, humidum et siccum.* The first derives its name from an abundant expectoration; it is continuous, and especially affects old persons; most generally it is connected with a lesion of the lungs, (*vitio proprio pulmonis.*) The dry asthma, on the contrary, is generally periodical, (*interruptum.*) Finally, there exists a third variety of asthma, which is at times dry and humid. (Van Helmont, *de Asthmate et tussi*, § 60.)

But it is especially by the observation of facts, that Van Helmont distinguishes himself from his predecessors. His essay includes many observations that are extremely precise, and which no modern observer would disavow.

After Von Helmont, we will note F. Hoffmann. "There are a great many diseases," says the author, "of which difficulty of respiration is a symptom; it is especially those that are seated in the lungs, such as pleurisy, peripneumonia, cough, phthisis, cancer, &c. But besides these, there are many causes which considerably obstruct respiration, and which produce a disease to which the Greeks gave the name of asthma." "*Hoc vero secundum nostram sententiam nihil est quam impedita et laboriosa admodum respiratio, cum inefabile anxietate et præcordiorum angustia juncta, liberum sanguinis per pulmones circuitum turbans, a viriis causis suborta, periculi suffocationis non expers.*"

F. Hoffmann admits two forms of asthma, "pituitous asthma and spasmodic flatulent and convulsive asthma."

Van Helmont, led by his own fancy, has given a particular variety of this disease, peculiar to women, referring, he says to the state of the uterus; which is nothing more than the dyspnœa of hysteria. Hoffman has not fallen into that error, but has on the contrary made a distinct difference between convulsive asthma and hysterical suffocation. "The suffocation of hysteria," he says, "is owing to a spasmodic constriction of the larynx and pharynx, from which the air escapes with difficulty, although it circulates freely in the lungs. In asthma, on the contrary, the suffering is much more likely to have its seat in the latter, so that both inspiration and expiration are difficult." For what refers to the description of asthma, Hoffman has cited Areteus.

The disciples of Stahl have given the traditional definition and

division of asthma, but have added nothing to the knowledge of their predecessors.

We now reach an author, whose name is an epoch in the history of asthma. John Floyer, who was himself affected by this disease, has recorded his observations with much care. To his own case he has added that of several patients whom he had known for a large part of their life, and he has thus been able to add a great number of symptoms, to what are to be found in previous works. Besides, Floyer has given an emphysema of the lungs which he observed in a broken-winded mare, as a characteristic lesion of asthma. I shall have occasion to cite many passages from the work of Floyer, in the course of my description.

Sauvages has copied, to a great extent, the description of Floyer. Like the latter, he has considered emphysema the lesion of asthma. Unfortunately, this author has confounded the malady we are treating with a crowd of symptomatic dyspnœas.

The same reproach cannot be addressed to Cullen, for no author before him has taken so much pains to reserve the name of asthma for a particular disease. "The vulgar, and even a great many of those who have written on practical medicine," says Cullen, "use commonly the term asthma, to express all sorts of difficulty in respiration, that is to say all kinds of dyspnœa. Nosologists have also particularly, and almost uniformly distinguished asthma from dyspnœa, as being a more considerable affection. None of these definitions appear to be exact or suitable. I think the term asthma would be better applied, and ought even to be confined to those cases of difficult respiration which are distinguished by particular symptoms, and which depend on a particular proximate cause, which I hope to be able to point out with sufficient certainty. It is of this malady that I am about to speak; it is pretty nearly that which the writers on practical medicine have particularly distinguished from the other difficulties of breathing, by the title of spasmodic or *asthma convulsivum*. Nevertheless from not having distinguished this, from other cases of dyspnœa, with sufficient exactness, they have thrown much confusion into their essays on this subject. (Cullen *Medic. prat.* trad. par Bosquillon, t. 11.)

Cullen has distinguished himself by the precision and correctness with which he has recorded the symptoms of asthma. His description is certainly the most complete to be found at the present time.

Since Cullen wrote, asthma begins to disappear from medical works, or at least its importance diminishes, so that it is scarcely named at the present time, being generally replaced by a new disease, emphysema of the lungs.

It is interesting to know to what causes we owe these changes.

§ 2. *The present state of the question ; the locality of asthma.*

Cullen has expressed an opinion of the nature of asthma, which has not contributed a little to bring about the revolution which we have just pointed out. He has arranged asthma among nervous affections. Now we know he considers this class of diseases as exempt from lesion. Since that time asthma has been considered a disease without a lesion.

After Pinel had given publicity to Cullen's ideas in France, minds were soon to be seen in love with the theory of diseases without lesion. It is sufficient to peruse the works of that time, and those of Pinel himself, to see how far the demonstration of this fact, that a disease may exist independent of all organic lesion, suddenly acquired great importance. From that time the pure and simple description of facts was neglected, and observation gave place to speculation; which always happens when triumph is to be given to a preconceived system.

But the enthusiasm inspired by the theory of diseases *sans* lesion, did not fail to provoke a reaction. While on the one side certain doctors could only see in asthma an essential disease, or without lesion, which was synonymous at that time, others on the contrary pretended that asthma always referred its cause to organic lesion.

This period of the history of disease presents us the tableau of the discussions which took place on this subject, as on many others, between the modern Hippocratists and the Organicains. For a long time the contest was unproductive and the victory uncertain, till Laennec decided the balance for the Organicians. The ideas of Laennec are those which prevail at the present day, and which we propose to contest; we shall therefore endeavor to penetrate the spirit of his doctrine, and to make known the practical result which he has produced.

All the world knows the importance Laennec attaches to stethoscopic phenomena, and to the lesions which are indicated by them.

We are very far ourselves from denying this importance ; but while sensible how much the discovery and labors of Laennec have enriched semeiotics, we must be permitted to say, that the application which he wishes to make of his discovery in nosology has been mischievous in its consequences. The large number of new diseases, based solely on the phenomena furnished by auscultation, and on the corresponding lesions, set forth in the *Traité de l'Auscultation médiate*, will confirm our opinion. Besides this, the way Laennec exhibits asthma, proves to us better than any other example, the inconveniences of his method.

Based on the indications exclusively of pathological Anatomy, and the stethoscope he describes four diseases, whose differences are based on these modes of investigation, and which are at bottom one and the same disease, as we are going to prove.

1st. In the first place Laennec discovers a lesion, which he thinks is new, (emphysema of the lungs) and some physical signs in *rapport* with this lesion. Nothing more is wanted to enable him to see a new disease, and to describe its progression and symptoms, &c. Now these symptoms, which he attributes to emphysema, are the same as have always been attributed to asthma.

2d. In the second place, he discovers some diseases which do not present the indications of emphysema by the stethoscope, but in which he finds others which he thinks may be explained by a lesion, very badly defined, which he calls dry catarrh. From this comes the description of a new malady; but here again the *ensemble* of the symptoms is nothing but what characterizes asthma, as we are going to be convinced.

3d. In the third place, other maladies present him with an habitual dyspnoea with periodical exacerbations, accompanied by a peculiar expectoration, and new stethoscopic phenomena, and Laennec describes a third disease, the pituitous catarrh, which is nothing more than common asthma.

4th. But this is not all : Laennec has observed diseases which have also presented him with periodical attacks of dyspnoea, but in which the stethoscope has revealed no sign, no lesion; and as he wished to take account of all the facts, he admits a nervous asthma, which exists independently of all organic lesion. Hence we have a fourth disease.

Let us examine these pretended diseases, and it will be easy to

be convinced, that their description presents merely the reproduction of the same symptoms.

Let us commence with emphysema. "The local and general symptoms of this affection are sufficiently equivocal, the emphysema being the principal among them; it is of the number of those which are comfounded under the name of *asthma*. The difficulty of respiration is habitual, but it increases in attacks which have no regularity in their recurrence or duration; it increases further from all the causes which influence the dyspnœa, to what ever cause due, laborious digestion, large quantity of air in the stomach or intestines, perturbations of the mind, elevated locality, painful exercise, act of running or climbing, and especially an attack of acute pulmonary catarrh. There is no fever present, and the pulse is generally regular.

"The color of the skin and habits of the body present nothing especial, when the lesion is not intense; but slight as it may be, the skin generally looks dull and earthy, with here and there a shade of violet. The lips are violet and large, and appear swollen.

"I dare not assert that emphysema of the lungs cannot exist without cough, but all patients in whom I have met this disease, were subject to an habitual cough, tantôt rare, rather weak and dry, or followed only by the expectoration of a little greyish, bronchial mucus, very viscous and transparent, sometimes stronger, coming on with violent coughing, and ending in mucous sputa.

"The disease often begins in infancy, may continue a great many years, and does not always prevent the patient from reaching an advanced age. The constant efforts, often very great, which the subject has to make in respiration, often induce in time hypertrophy or dilatation of the heart." (Lænnec. *Tt. de l'ause. med.* t. 1. p. 294.) The remainder of the description refers to the physical signs of emphysema.

Following is the description of dry catarrh. "Dry catarrh exists sometimes in a moderate degree, and entirely latent, for a long course of years. The subjects merely perceive that their breath is shorter than that of other men, when they ascend an eminence or run. When the engorgement of the bronchia gains in extent, the dyspnœa occurs even in a state of repose, and especially after a meal; some patients are only sensible of it on one side of the chest, and sometimes on the side the least affected. At a

later period accesses of oppression intervene sufficiently severe to merit the name of *asthma*, and which generally last several days. Towards the end of these attacks, the cough manifests itself, and after that the oppression diminishes; but at the end of several days, the efforts of coughing bring forth, especially towards morning, a little phlegm, the expectoration of which produces a still more marked diminution of the dyspnœa. * * * * Quite frequently the cough entirely subsides during summer, and then the oppression becomes less. * * * The appearance of an acute catarrh, in a person habitually subject to dry catarrh, generally determines an *attack of asthma*, or at least the increase of the habitual dyspnœa, when the expectoration occurs the dyspnœa diminishes; but often it is even a little stronger than before the invasion of the new catarrh. When a dry catarrh has lasted a certain time, and especially when aggravated by attacks of acute catarrh, *the emphysema of the lungs supervenes, and its phenomena are joined to the preceding symptoms.*" (Loc. cit., t. l. p. 167, troisième édition.)

What do we see in these two descriptions? that dyspnœa is the principal feature in the two affections; that this dyspnœa returns in periodical attacks in the two cases, and that it is of the number of those which are confounded under the name of *asthma*. In dry catarrh, the habitual dyspnœa is less marked, and the attacks appear to be marked by as much rheum as bronchitis. In emphysema the habitual dyspnœa is more intense, and the attacks frequent. To what is this difference owing? Laennec informs us himself: it is that the dry cough precedes the emphysema, and that the first, being a degree less advanced than the disease, presents, on that account alone, some symptoms less intense than the second. These two states characterize two different periods of the same disease. Now observation teaches us in fact that, during the first period of *asthma* (dry catarrh of Laennec,) the attacks are less frequent, and the habitual dyspnœa less marked than in the second period of this disease, (emphysema of Laennec). Further on Laennec has expressed this fact in a more formal manner, corresponding to the causes of emphysema. "Pulmonary emphysema develops itself almost always at the end of intense dry catarrhs, and nearly all asthmatics from this cause present in autopsy a dilatation more or less marked of a certain number of bronchial cells." (Ibid p. 291.)

Thus, according to Laennec himself, dry catarrh and emphysema are found in the same individuals, and belong to the same disease. Hence, it is difficult for any one to explain why out of these two states two different diseases have been instituted.

Let us see now what Laennec means by pituitous catarrh.

“Chronic pituitous catarrh establishes itself generally by degrees as the sequel of repeated acute catarrh, either dry or mucous. When the pituitous expectoration is well established, it most generally becomes intermittent, and in a partly regular course. There are generally two attacks of cough with expectoration in the twenty-four hours; one at the moment of waking, the other towards evening. In other patients, however, the paroxysm occurs immediately after a meal. * * * * During the attack there is always a dyspnœa which diminishes or ceases with it. When the disease has continued for a certain time, the patient becomes sickly pale; he falls away, but never so far as to reach marasmus. * * * * The state of the subject is that of a valitudinarian. This state often continues for several years; but as old age approaches, the paroxysms of coughing become longer and more frequent; *the dyspnœa becomes habitual, and finally reaches the degree which practitioners call asthma.* Edema of the lungs or suffocation caused by the impossibility of expectoration, is then the most general termination of the malady.” (Tom. 1, p. 153, et suiv.)

This quotation will suffice to show that the pituitous catarrh of Laennec is nothing more than what is constantly designated by the name of humid asthma.

In the fourth place, as we have said, Laennec also admits an asthma which is purely nervous. “I have seldom seen in asthmatics, the signs of pulmonary spasm without being complicated with catarrh; but still I am assured the fact exists. On the other hand, I have seen a great many asthmatics with a dry, pituitous, or mucous cough, too slight or too limited to be regarded as the veritable cause of asthma. * * * * It is difficult to determine by pathological anatomy the question now before us. An attack of asthma purely nervous, seldom causes death, and especially does not produce it without first inducing sanguineous congestions and other effects of a disturbed respiration and circulation, in which prejudiced minds might seek the cause of the disease, by supposing them anterior to this dyspnœa. However, we find observations,

from which it would be unreasonable not to conclude the possibility of an asthma purely nervous. Of course I do not speak of those cases which were compiled at a period when this possibility was regarded as an incontestible fact, and spasmodic asthma as a disease of very common occurrence and very well known. But even at the present time, when the attention of physicians is much excited on this subject, and many learned men doubt that a serious affection can exist, which depends for its existence on nervous influence, without a primitive and grave lesion of the organs, I have seen numerous cases in which it was impossible for me, malgré the most minute researches, to find an organic lesion which might be attributable to asthma." (Laennec, loc. cit., t. ii., p. 270.)

This is what Laennec has made of asthma. In place of this disease, such as it was understood to be before him, he has substituted four; which possess no other evidence of their existence than the presence of this or that lesion, or of stethoscopic signs, in rapport with the latter; or the absence of these lesions or of these signs. Each of these pretended maladies presents us, indeed, the tableau of some of the phenomena of asthma, taken at a given point, but never the *ensemble* of the symptoms which are observed in an asthmatic during the whole course of the disease.

Laennec has by no means proceeded in this way in respect to phthisis. Far from believing in as many affections as he discovered lesions and symptoms, he has referred them all to the same principle; and in showing their evolutions, established the periods of this disease. The propensity to localize diseases, has not diverted his attention in this case. Had he been equally happy in respect to asthma, instead of making of emphysema, dry catarrh, and pituitous catarrh, so many different diseases, he would have seen that these lesions were only the expressions of the same morbid states in their different periods. In so doing, Laennec would have had the glory of establishing the science of this subject, as he has done for phthisis.

After Laennec there was no more asthma. Emphysema alone engaged attention. If it will not be irrelevant to the subject, we propose to cast a bird's-eye view at the labors of the followers of the author of auscultation. The examination will enable us more sensibly to feel the inconvenience of his theory.

EPIDEMIC CHOLERA,

In the summer of 1850, in the districts of Gieboldehausen and Krebeck, treated homœopathically by E. Ph. Engelhard, M. D. Translated from the "Allgem. Hom. Zeitung," by Charles J. Hempel, M. D.

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If, on the third or fourth day, the disease increased to real cholera, it appeared in one of these three forms :

1. Cholera paralytica. 2. Asphyctica. 3. Cyanotica, and had three different stages or degrees.

a. The first stage frequently lasted only a few minutes, seldom half an hour or an hour, and frequently was not perceived at all. It was characterized by the following symptoms :

The patient was seized with a faint feeling or prostration of strength, he had to lie down, was anxious, oppressed, dizzy, the features looked altered, the eyes were sunken, the tongue, face and hands became cold; a burning sensation was experienced in the stomach and fauces, the voice became hoarse, the calves were cramped, sometimes entirely contracted; the fingers were often clenched; there is nausea, violent pains in the pit of the stomach, vomiting, discharges of a flocculent rice-water-like liquid; the patient was tormented by violent thirst. (If hoarseness was already among the precursory symptoms, it was impossible to prevent the attack.)

b. The second stage had the same symptoms as the first, except that the symptoms were much more acute; it lasted from two or three to twenty-four and forty-eight hours. The senses, especially taste, hearing and sight, were weakened, the patients were tormented by anguish, they could not be kept in their beds, the whole body was cold, the face and tongue were blue, even the breath was cold, the pulse small, wiry, the thirst was unquenchable, the patients called incessantly for ice-water. The discharges from the stomach and bowels, after standing a little, looked like clear water at the top, with a sediment of rice-water flocks at the bottom. The hoarseness was complete, the secretion of urine, bile and saliva entirely suppressed. The cramps of the upper and lower extremities were frightful. Some patients were thrown out of their beds, screaming

for help. The eyes were half closed, hollow, the strength rapidly failed, and if the remedies which were administered did not afford speedy relief, the patient soon died.

c. The third stage which almost always terminated fatally, if nothing had been done for the patient previously, had the following symptoms :

General loss of sensation, occasional twitchings of the extremities, blueness and bloating of the face, staring look, deathly coldness of the whole body, cold and clammy sweat all over, now and then vomiting and diarrhoea, but without consciousness, complete extinction of the voice. The pulse was either entirely collapsed, or filiform, the urinary secretion suppressed, the tongue was cold as ice, and the breath felt like a cool current of air. In a few hours death took place amidst convulsions ; sometimes the patient, if loudly spoken to, gave signs of consciousness.

These various symptoms in any of the above described stages did not occur in regular succession in all cases ; sometimes the cramps were entirely wanting, at other times there were cramps, but no diarrhoea, etc.

DIAGNOSTIC SIGNS OF EACH OF THE THREE PRINCIPAL FORMS OF CHOLERA.

1. *Cholera paralytica*. Coldness of the face and extremities, blueness of the face, but no sweat ; constant tossing about, anxiety, violent cramps in the arms and legs, especially the calves.

2. *Cholera cyanotica*. The extremities up to the knees and elbows were less cold, the face was blue, but mottled ; clammy sweat on the icy-cold body, the forehead was hot, covered with sweat, the rest of the face cold. The arms and legs were quiet, as if prostrated, and as if the patient had been unable to move them.

3. *Cholera asphyctica*. The above mentioned symptoms were moreover accompanied by cerebral and pulmonary congestions, vertigo, buzzing in the ears, protrusion of the eyes, which looked ecchymosed, excessive dyspnoea, so that the patients cried for air, and doors and windows had to be opened to ease their breathing.

TREATMENT.

1. *First stage*. This stage was seldom witnessed by me, either because the patients were unacquainted with the danger, or because

the next stages were at once hurried on by errors in diet. I prescribed, *Spir. Camph.*, provided it had not been ineffectually used in the precursory stage; robust persons took from one-half to one drop on sugar or in liquid water, every quarter or half an hour, frictions with the same medicine being at the same time made on the hands, feet and pit of the stomach. If perspiration set in after a few doses, the prognosis was favorable, and a rapid improvement ensued. I did not interfere with the sweat, but had the linen changed as soon as the patients commenced to feel cool on the skin. The medicine was continued less frequently. At a later period of the epidemic I discontinued the imbibition of camphor in this stage altogether, for I found that, if it did not act well, the other medicines were likewise less effectual. The most certain specific in this stage was *Veratrum album* four or six, three doses in two ounces of water, a teaspoonful every fifteen or thirty minutes. Old people and children, and weakly persons, were alike benefitted by this medicine. Even the first dose frequently produced admirable effects, and a few doses were sometimes sufficient to remove the disease. No medicine was found more efficient in arresting the vomiting and the cramps in the calves. *Ipecacuanha* 2 or 6, three or four drops in two ounces of water, likewise proved advantageous to children and to old and nervous people, especially when gastric symptoms caused by fat meat or heavy cake, were present. *Ipecac.* was often successfully alternated with *Veratrum*. The second specific in this stage was *Arsenic* 6; for children as well as full-grown people of both sexes. It was particularly indicated by violent cramps, marble-coldness of the whole body, rapid prostration of strength, unquenchable thirst, violent burning in the stomach, alteration of the features, indescribable anguish, violent vomiting and diarrhoea. If it helped at all, it acted very rapidly. I gave two or three drops in three ounces of water. *Chamomilla* 2 was given, if bilious symptoms were prominent, and the attack could be traced to a fit of chagrin. It generally had a good effect, although I had to give other remedies with it. Dose: four drops in two ounces of water, a teaspoonful every fifteen or thirty minutes.

Colocynthis, under the same circumstances as *Chamomilla*, if this remained ineffectual, especially when the following conditions answered: continual vomiting of a greenish substance, greenish stools with cutting pains at the navel, the evacuations becoming

more and more watery. Dose: two or three drops in three ounces of water, a teaspoonful every fifteen or thirty minutes.

Cupr. met. 4, a quarter or half of a grain every half hour or hour, for convulsive motions of the fingers and toes, the calves are cramped into knots, spasmodic colic without vomiting or diarrhoea, (cholera sicca.) Its effects in this state were sometimes very rapid.

Nux. vom. 3, was found useful for violent urging to stool with scanty discharges, or for spasmodic retention of stool, or for vomiting accompanied by violent cardialgia. Dose: four drops in three ounces of water every half hour or hour, in teaspoonful doses. I had frequently to give other medicines with *Nux.* These are the only remedies which I have used in the first stage; for if they failed, the disease ran into the second stage.

I never resorted to external applications, except warm bottles, frictions with dry flannel or spirits of camphor; I became satisfied that even these simple applications were entirely useless, if the internal remedy failed to act.

2. *Second stage.* In this stage I have used the following remedies:

Spir. Camph., proved extremely efficient in a few cases, and, indeed, cured the disease, without any outward frictions. As I said above, I seldom gave camphor in this case, because it weakens the effect of other medicines if these should be necessary.

Veratr. 6, proved excellent in the commencement of this stage, but ceased to act when the body was cold, and the extremities had become cyanotic. In such a case I gave

Arsenic 6, which generally had a favorable effect, when the symptoms were very violent.

Cupr. met., was found indispensable when the sentient powers were sinking, the body was cold, the skin blue, and cramps tormented the patient all over. It was often necessary to give it in alternation with *Arsenic*.

Opium sometimes afforded relief, when the attack set in with a fainting spell, and was caused by a sudden fright. Dose: three drops in two ounces of water, a few drops every fifteen or thirty minutes.

Tartarus stabiatus 1, in doses of one half of a grain, or a whole grain, for violent vomiting, coldness all over and filiform pulse.

Secale corn. 2 to 6, when symptoms of paralysis had set in, and

the alvine evacuations were preceded by vertigo, anguish, and a painful rumbling in the bowels. This rumbling was a characteristic indication of *Secale*. These are the only remedies I have used in the second stage.

3. *Third Stage*.—In this stage Camphor was useless; on the contrary, it seemed to hasten the paralysis.

Carbo veget. 6 to 12, three drops in two or three ounces of water, a teaspoonful every fifteen or thirty minutes. This medicine proved still efficacious in cases where death seemed inevitable, especially after previous allopathic treatment. One man, seventy-three years old, was speedily restored to health, although I was only called in at the last moment. If, after a few doses, the collapsed pulse became filiform, and the cold tongue became a little moist, the prognosis was generally favorable. The return of the vomiting and diarrhœa, which had been suppressed for some time, was likewise a favorable symptom. After a complete reaction had been effected, the cure was completed by *Arsenic* and *Veratrum*. In many cases I gave *Arsenic* exclusively, especially to children, and effected speedy cures.

Arsenic, given in a different potency, sometimes helped in the third stage after it had been ineffectually given in the second. If cramps were present, it had sometimes to be alternated with *Cuprum*. If *Carbo veg.* was unable to excite a reaction, neither the Camphor, *Rhus*, Sulphur, *Coffea* nor *Opium* would accomplish it. Frictions were likewise found useless, and the patients died convulsed, but fully conscious. Afterwards, I discontinued the frictions altogether.

The various other remedies which have been recommended by authors for cholera, such as *Oleum cajeput*, *Cicuta*, *Laurocerasus*, *Acidum hydrocyanicum*, *Nicotiana*, *Bismuthum*, have never been used by me, except the two last named, in a very few cases, but without any good results.*

The diet consisted of light gruels, sago, etc., which were taken after having cooled; if taken warm, they were thrown up again. During the stage of convalescence, light chicken, beef, or mutton-

* *Bismuth* was used by allopathic physicians in doses of twelve and even twenty grains, simply because it was recommended by some one for cholera, not upon the ground of positive therapeutic indications. Heaven knows how fatal this insensate empiricism proved in most cases.

broths were given; vegetables, such as peas, beans, roots, fruits of any kind, had to be avoided.

The beverage was fresh water, either unmixed or mixed with a little milk. Oat-meal gruel disagreed with most patients. A little fermented beer seemed to do good. Butter-milk was desired by many. I allowed them as much of it as they desired to drink; it arrested the vomiting and diarrhoea in many cases, and an old lady who was averse to taking any medicine, recovered by the use of butter-milk.

Spirituous drinks had to be avoided for a time, even by those who had recovered. A cup of coffee, generally, proved beneficial. The average mortality under my treatment, was ten per cent., much less than under allopathic treatment. The loss would have been much less if the allopaths who were practising here had not spoiled my treatment in many cases. Not a single severe case of cholera got well under allopathic treatment; and, if the cholera was stopped, a lingering typhoid fever carried the patient off, unless he came under homœopathic treatment. There reigned so much confusion among the patients who were treated allopathically, that they frequently swallowed the mustard which had been prepared for frictions, and died shortly after. This likewise happened with the camphor which was to have been used outwardly, but the patients got well in consequence. The officious interference of the allopaths was extremely unpleasant and injurious. If I had had an assistant, I should have cured a good many more patients. From July 5th to July 16th, I treated two hundred and twelve cases of cholera, among which ninety-four were of the worst form of cholera; of this number ten died, three children and seven full-grown persons. From the beginning of August, and to the end of the epidemic, (we had a few cases as late as October,) I treated three hundred and thirty-four patients, making a total of five hundred and forty-six; of this number eighty-two died, the rest got well. Of seven hundred patients treated allopathically, two hundred and seventy-two died.

The sequelæ of cholera generally consisted of congestive conditions of the brain and lungs, which mostly terminated in soporous typhoid fevers. These fevers generally occurred in persons who had been treated with violent stimulants, (I have seen them even in cases where I used Spirit. Camph. 2, externally and internally,) or in persons who had relapses in consequence of gross errors in

diet, or who had been previously weakly, and affected with some chronic malady. Patients who exposed themselves to cold, or who ate and drank immoderately, and more particularly persons who prematurely indulged the use of spirits, were seized with dysentery. This, however, likewise prevailed among persons who had never been sick before; in many of the neighboring towns, dysentery was an epidemic disease, although not a single case of cholera was witnessed.

TREATMENT OF THE DISEASE.

For the congestive conditions *Aconite*, *Belladonna*, *Bryonia*, *Rhus tox*, *Stramon.* and *Opium*. *Opium* had a tendency to remove the stupor, and restore the irritability. *Phosphorus* helped in some cases, where violent stitches in the left side of the chest, which were generally the precursors of death, had made their appearance; in other cases it remained without effect, and death ensued. *T. Sulphuris* acted well in some cases.

In dysentery *Aconite*, *Bellad.*, *Mercur. sol.*, *Mercur. corros.*, *Coloc.*, *Nux vom.*, were found sufficient. In some chronic cases *Phosphor.*, *Arsen.* or *T. Sulph.* had to be used.

The diet during and after such secondary affections had to be very vigorous; dysenteric patients had to avoid, for a long time to come, all sour, heavy, spiced food, brandy, rum, etc.

POST-MORTEM EXAMINATION.

We made but few post-mortem examinations. Rapid cases were characterized by a dark color, and withered condition of the skin, and a high degree of muscular rigidity. The meningeal vessels were found engorged, the sinuses filling with black blood, and at the base of the cranium a quantity of serum was found. The brain was tenacious, white, the vessels were injected, and the cerebral cavities filled with serum. In the throat and at the base of the tongue the mucous glands were swollen, and the mucous membrane, as far as the larynx, was very red. The pleural sacs felt as if lined with a greasy fluid; the capillary vessels in the lungs were empty, the lungs themselves looked pale, and the large vessels were filled black blood.

The capillary vessels of the liver were likewise found empty, the larger vessels were filled with black blood. The gall-bladder was filled with black bile; in one case it was empty, the mucous membrane of the stomach was friable, in some places ecchymosed; the stomach contained a liquid with white flocks; in one case, of a boy, remnants of food were found in it. In the ileum the vessels were injected, it contained a rice-water-like fluid, the solitary and Peyer's glands were swollen, the whole of the intestinal mucous membrane was lined with a fatty and viscous substance.

In the colour the same appearances: congested vessels, and the yellow, viscous lining on the mucous membrane.

The mesenteric glands were swollen, and infiltrated with a yellowish substance.

The bladder was empty.*

The peritoneum felt greasy.

The epidemic in the District of Krebeck.

At a period when the epidemic was fast disappearing in Gieboldehausen, it broke out in the adjoining town of Wollbrandshausen, about a mile from the former, with which all communication had been interdicted by order of the authorities during the whole course of the epidemic. There are no rivers flowing from Gieboldehausen to the last-named town, along which the cholera might have taken its course. It is certainly not improbable that the cholera follows the course of rivers, for the places which were situated above Gieboldehausen on the Rhuma, remained free from the epidemic, whereas the town situated below this place, was visited by the epidemic either during or after the period when it was raging in my district. Doctor Peine was sent from Gieboldehausen to treat the epidemic in Wollbrandshausen. About 30 persons died. It is said that not one genuine case of cholera was cured by him. Afterwards I treated two children and three old woman in this village; one of the latter died. After the cessation of the epidemic I treated a number of cases of dysentery. A minister from the neighboring village of Krebeck was sent to Wollbrandshausen to assist the curate of this place in administering the sacrament. The Krebeck minister was at once taken ill, returned to his home,

* The urine of cholera patients was opalescent.

and died of cholera. Next day the servant girl in the minister's family died. A chorist residing opposite the priest's house died in 12 hours. In the space of 6 days 10 persons died out of 14. Dr. Habenicht, who had attended the patients so far, was now taken down, and I was summoned by the authorities to take his place. I had to ride three or four times a day, and even in the night to Krebeck, and back again to my own town, for the cholera had not yet left it. I was first called to a girl of 13 years, in the third stage of cholera; she died. Of four typhoid patients who were handed over to me by Dr. Habenicht, three died. I found four cases of genuine cholera, and a large number of cases of cholérine, and precursory symptoms of cholera, most of which had been caused by the abuse of chamomile and peppermint. These poor patients were half burnt up, and cried for cooling drinks. I gave them fresh water which they craved. The lighter cases became less, three severe cases occurred in 24 hours. In the months of September, October and November, 40 patients were attacked with the worst form of cholera, four of which died. The fortunate decrease of the disease, as soon as I undertook the treatment, was probably owing to three circumstances: the discontinuance of the chamomile and peppermint-tea, the use of prophylactics, and the non-interference of allopathic physicians.

The epidemic of Krebeck ran the same course as that of Gieboldehausen, and was equally intense; fewer patients, however, died.

Dr. Koch, from Duderstadt, the district physician, who frequently visited us in order to witness the progress of the epidemic, repeatedly testified his astonishment that it was possible under homœopathic treatment to arrest the disease in the second and third stages.

I pursued the same treatment as in Gieboldehausen.

There were no sequelæ; this was undoubtedly owing to the perfect absence of all external and internal stimulants.

The diet was well attended to; poor patients were provided with the necessary food by several charitable families of the place.

CLINICAL RECORD AND AUTOPSY.

BY C. E. TOOTHAKER, M. D.

Mrs. B.—, Cancer of four years' standing. Chronic Hepatitis, &c.

HAD been very miserable for several years before the appearance of the cancer. Liver complaint. Never very sick, but always complaining. Pains in the right side, deep seated, just under the ribs and below the mamma. Severe and prostrating headache. Frequent turns of prostration, continuing for several days. She called them bilious attacks. Her son informed me that he remembers many such turns of prostration as are referred to above, twelve or fifteen years before her death, certainly before 1840.

Pains in the right mamma commenced about two and a half or three years before her death, after using plasters of *Iodine and Camphor*. After about one year was induced to apply to Dr. Elligher. At that time pains in the breast excessive, unendurable; very much prostrated, could not endure the cold or changes of weather. Tumor at that time about the same size as when I was called to see her, involving a large part of the right mamma; hard, but not at that time an open ulcer. The pains were of a burning character, and extending from the gland deep into the right side. Under Dr. Elligher these pains were almost entirely relieved; general health much improved; more fleshy; strength improved; able to endure more. Tumor gradually lost its hard, indurated character; became less, more pliable and more moveable.

One year and a half before her death, the tumor began to weep a little blood. In August, bled very profusely. After the bleeding she became very weak, and not so well for some time after as before. During the succeeding winter, several attacks of severe prostration, as in chronic hepatitis, but not always preceded or accompanied by bleeding. In April, a severe attack of cramp-like, drawing, prostrating pain in the usual spot, appearing to be about the direction of the ductus communis hepaticæ, extending towards the back; severe gastric symptoms; dry, red tongue; burning heat in the mouth and throat, also at the epigastrium; offensive breath; frequently very severe attacks of pain at the epigastrium, extending around to the back. The symptoms are not always the same at each successive attack. At times the liver, at times the spleen,

at times the stomach, appears most affected, but the pains have the same general character. Burning, drawing pains, with dry tongue; offensive breath, and great prostration, are the general characteristics.

Up to November, she had been nearly two years under Dr. E., a professed homœopath, by whose prescriptions she had thought herself greatly benefitted, and began to entertain some hopes of entire recovery, which these hepatic attacks did not serve, even during the winter, at all to dissipate.

As these attacks were often very severe, and appeared to threaten immediate dissolution, and as Dr. E. was at a great distance, and not accessible at these times, I was frequently called to prescribe for her, which I did, and with what appears to me now, after having had opportunity to understand the case more perfectly, by means of a carefully conducted autopsy, almost wonderful success. And I would not conceal the fact, that it gives me pleasure to present this case to the profession, as one in which the true principles of homœopathic science are abundantly vindicated, although the organic lesions were so extensive, the accumulations of congestive or effete material so great, and the disease every way so far advanced, that the advocate of crude doses of medicine, would scarcely have expected any beneficial result from the administration of any medicinal agent.

The first six months of my attendance upon this case, was under very unfavorable circumstances. Called to prescribe for her only when she was thought to be in a dying state, my attendance was continued only until the symptoms were so abated as to appear to render it safe to rely upon the constitutional treatment, which was being pursued by Dr. E.; a treatment with which I was anxious not to interfere; first, because, although I had no knowledge of the scientific attainments of Dr. E., and consequently of his skill in diagnosis, yet the cures he is reported to have wrought, added to his long experience as a physician, appeared to me to demand for him the ordinary etiquette of the profession; and second, because the apparent improvement which had taken place under his treatment, would have caused any conscientious and careful physician to hesitate to change a treatment which had for so long a time been attended with, what to the patient at least, were manifest beneficial results; and, third, as Dr. E.'s treatment was ostensibly

homœopathic, a jealousy for homœopathy, made me desirous for his success. My efforts were, therefore, directed, as far as I could conscientiously do so, to inspire confidence in Dr. E., and in his absence to save his patient, until he could again be with her.

With these sentiments I did what I could during the first six months, although my prognosis of the case was altogether different from that reported to be given by Dr. E. The nature and severity of these hepatic attacks, led me to diagnosticate deep-seated hepatic congestion, with probably too great an amount of diseased matter, or too great destruction of important organs, to warrant the expectation of any other than a fatal termination; a sentiment I frequently expressed when consulted on this subject, both to herself and to her friends.

It is not my intention in this case to review the course of treatment during each successive attack. It is sufficient to observe, that all the above symptoms point to Arsenicum, Nux vomica, and Bryonia, as the most reliable remedies; and that in each instance, their administration was attended with the most prompt and beneficial effects. Early in the spring, a very severe attack caused her again to apply to me, and as Dr. E. was no longer in attendance, I summoned to my aid Dr. Loomis, Professor of Midwifery, and the Diseases of Women and Children in the Homœopathic Medical College in this city, who attended with me as counsel, during the remainder of the course of this disease.

With his assistance I was enabled to make out the following diagnosis and prognosis:

DIAGNOSIS.

1st. Mammary gland. Although the right mamma is extensively involved in the cancerous ulcer, yet it appears in an improving condition. Healthy granulations appear to be springing up on all sides, and even in the bottom of the ulcer. This cancer will not shorten life.

2d. The liver. Extensive hypertrophy of this organ. The liver can be felt nearly two inches below the crest of the ileum, and its outlines are distinctly traceable through the abdominal parietes. It is but slightly tender and sensitive to the touch; but from the nature of the pains, and other symptoms, it is now subject to much active inflammation.

3d. Frequent pains through the splenic region, with tenderness on pressure. The variable susceptibility of the stomach, and the variableness, or apparent periodicity of these affections, seem to point to the spleen as subject to chronic, or at least, to a degree of sub-acute inflammation.

4th. The heart is subject to frequent palpitations; but in the midst of so many important organs it is not easy to determine whether it is functionally or only sympathetically affected.

Prognosis.—It is never right for a physician to encourage a patient with hopes of a recovery against all reasonable grounds for hope. I had already intimated to the family and friends, as well as to the patient herself, my fears as to the result. At the same time I had unreservedly expressed my conviction that the cancer in the mammary gland would not of itself become the direct cause of death. Also that the dangers to be feared were not from the symptoms then actually existing, such as the acute hepatic attacks, although these attacks were very severe, and to the patient and her friends often alarming, but from other symptoms which might be expected to supervene; and I had distinctly expressed my fears of a dropsical termination, which the result but too fully verified.

At the same time it is never right for a physician to allow his patient to despair. He should teach himself, and teach the sick to feel that “whilst there is life there is hope;” that it is possible this disease may be arrested; that nothing is too great for Almighty power; and that if we administer remedies rightly, we are only instruments in his hands, although we may be made very efficient ones, to guide the various agencies of nature in the paths of life. We thus animate ourselves as well as the sick with a truly justifiable hope, when by mere speculations upon the doctrine of chances we should see but little grounds for hope. It is the duty of a physician, indeed, to persevere, and to combat against the inroads of disease and the approach of death, however discouraging the circumstances, or however desperate the case may be; so that I have but an indifferent opinion of a physician who ever gives up a patient to die *whilst he lives*. It is enough for a good physician to give him up *after he is dead*, and not even then until he has satisfied himself by careful and patient examination that the last principle of vitality is indeed extinct. But as no physician can

know that death will take place until it has occurred, so no good physician will give up a patient so long as the least evidence of vitality remains.

My prognosis in this case was in accordance with the above expressed opinions. I determined to treat the case according to its symptoms and conditions as earnestly and as efficiently as if I expected a recovery, although I saw many reasons to fear that the conditions were such as to preclude the possibility.

My learned and accomplished friend, Dr. Loomis, coincided with me in opinion, only, perhaps, entertaining more hopes of a partial recovery than I had allowed myself to do.

After this the treatment was slightly modified from the original treatment. *Apis mel.*, *Lachesis*, *Carbo animalis*, *Laurocerasus*, and several other remedies were used at the suggestion of Dr. Loomis, and with frequent partial beneficial results; but all the symptoms would, after subsiding for a short time, appear again, perhaps in some other place, with renewed force. The abdomen became tympanitic, the extremities oedematous, the appetite and gastric symptoms more and more disturbed, and whilst each of the above symptoms would yield to medication, the recuperative powers of nature seemed insufficient to restore a healthy condition, and after a few days the same symptoms would perhaps again return.

As the above symptoms were developed, the hepatic and gastric sufferings became more frequent and severe; the pains were felt more especially in the left hypochondria and at the pit of the stomach; also under the left shoulder blade, and along the upper portion of the spine. The pains were oppressive, suffocative, cramp-like, with burnings, and with prostration; pain at times with great soreness, and difficulty of moving, or being moved; at times with difficulty of breathing; and at times attended with nausea, and very offensive breath. The severest attacks of nausea and offensive breath, with pains at the stomach pit, were almost always relieved by *Arsenicum*; the pain in the left side, which was at or near the splenic region, responded to *Bryonia*, and at times to *Arsenicum*; the pains in the right hepatic region often yielded to *Nux vomica*; but after almost every remedy used, succeeding symptoms would arise, calling for *Arsenicum*, and this remedy would usually afford relief.

In administering remedies in this case, the lower rather than the

higher dilutions were generally found most efficacious ; the sixth, and even the third dilution of Hahnemann frequently affording prompt relief, when but little apparent benefit had been derived from the administration of the thirtieth. This was especially the case with Arsenicum and Bryonia, which appeared to be the remedies best adapted to all the existing dyscrasies in the system, and may perhaps be accounted for consistently with the views of the more rational among high dilutionists, on the principle that the accumulation of congested material in the system was so great as to require some mechanical as well as medicinal agency to counteract the constantly reproduced and reproductive morbid tendencies.

Under the administration of these remedies frequent periods of comparative remission from suffering would arise, followed by renewed attacks, the pains extending more and more towards the back and the left shoulder blade, involving the muscles of the neck, and the glands of the nape of the neck, and producing, at times, tumefaction with soreness and stiffness.

These pains at length became very obstinate ; there was fever of a semi-typhoid and hectic character ; the mouth and tongue were at times very dry and parched, with brownish sordes and fœtid breath ; the extremities became more swollen, the abdomen began rapidly to enlarge, fluctuation became distinct, water accumulated with considerable rapidity, and as the liver was believed to occupy so large a portion of the abdomen as to render any considerable accumulation of water attended with increased danger, an early resort to the operation of paracentesis abdominalis was advised for the purpose of drawing off the effused fluid. To this, however, the patient and her friends refused assent, and as we could see little or no reason to hope for a recovery, even after the operation, we forebore to urge it. We continued the administration of remedies calculated to retard the progress of disease, and to cause the water to be taken up by the absorbents, or to pass off through the evacuations, but now little could be done either to prevent or delay a fatal termination. On the succeeding week her sufferings ended ; she died with scarcely a struggle.

After her decease the friends consented to an autopsy, which was made by Dr. Loomis and myself in presence of one of the relatives of the family, and of which the following abstract contains a correct report.

First.—The liver had attained an enormous size, hypertrophia Hepaticæ, extending from below the crest of the right ileum, (not far from three inches below,) upward and backward to the shoulder blades, each lobe crowding backward and upward, upon the shoulders and the diaphragm: the left lobe at the same time stretching across the lower hypochondriac and epigastric region, whilst the right extended downwards into the lower abdominal region almost to the pelvis. The weight of the liver was ten pounds, or about one-twelfth the entire weight of the body.

Second.—The liver was almost an entire mass of Tuberculous matter, "*Tuberculosis Hepaticæ*," which being interspersed with the substance of the liver itself, gave the whole organ the white and purple variegations, when exposed by an incision, resembling some kinds of marble; or to use a homely comparison it resembled when laid open the mottled appearance of Castile soap, only more distinct. These tubercles were generally in a dormant condition though some of them exhibited signs of recent inflammation, and one of them, situated near the ductus communis, had softened down, forming an ulcer.

Third.—The liver was not only greatly enlarged and tubercled, but the posterior portion of the left lobe was thickened, and much more tubercled than the other parts. It is surprising that life could be continued so long with a liver in the condition in which this must have been for years.

The heart contained three polypi or cysts, one in each auricle, and one in the right ventricle. These cysts were filled with a serous fluid. The one in the right auricle was about the size of a common hen's egg; the one in the left auricle the size of a large walnut, the one in the right ventricle the size of a small chesnut. The heart appeared otherwise normal.

Along the whole track of the alimentary canal, the mesentery, mesocolon, &c., appeared in a semi-tuberculous condition.

The spleen was also hypertrophied, about three times its normal size.—Pancreas more healthy.

About three quarts of water were taken from the abdominal cavity, one quart from the thorax, and one from the bladder.

The tuberculous condition existing in the liver, also involved the glandular structure, the axillary glands, right mammary gland, and extended for considerable distance along the spinal column.

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This work is compiled and arranged upon the same plan as the treatise on disorders of menstruation by the same author, and contains the highest medical authorities upon the subjects in question. The various diseases and disarrangements incident to pregnancy, parturition and lactation are considered, and we doubt not in a way that will prove acceptable to the profession.

A TREATISE ON GENERAL PATHOLOGY By Dr. J. HENLE, Prof. of Anatomy and Physiology in Heidelberg. Translated from the German by HENRY C. PRESTON, A. M., M. D. Philadelphia: Lindsay & Blakiston. pp. 384, 8vo.

This work as noticed in the translator's Preface, "embraces the whole subject of General Pathology, and has already been through two successive editions in Germany. The first edition was published in 1846, in Braunschweig." The author has styled the whole work "Museum of Rational Pathology, using the word rational as opposed to empirical." The work is neatly printed, and presents for the student what the author terms "An attempt to collect together into the same form those physiological facts which the observations of diseased bodies have brought to light, together with the theories and hypothesis pertaining to them, which the systematic German mind demands, in order to point out their place in the embryonic history of the science." The price of the work is \$2 00, and may be had of Rademacher & Sheek, No. 239 Arch street.

THE SIDES OF THE BODY and Drug Affinities — *Homœopathic Exercises*. By DR. C. VON BENNINGHAUSEN, Real, Honorary and Corresponding Member of the Homœopathic Societies of Paris, Madrid, London, Palermo, Philadelphia, Rio de Janeiro, and of several literary and scientific Societies, &c. Edited by CHARLES J. HEMPEL, M. D., Fellow and Corresponding Member of the

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The design of this work is, to point out the location of specific drug-action upon the healthy organism, showing the peculiarity of each remedy as found in its pathogenesis. Also a complete classification of drug-affinities.

By this systematic arrangement, the practitioner sees at a glance the side of the body to which a medicine is best adapted, its diagonal or otherwise peculiar action, facilitating very much an accurate comparison of pathogenetic symptoms with the various phenomena of disease.

THE HOMŒOPATHIC TREATMENT of *Acute and Chronic Diseases*.

By CORNELIUS KREUSSLER, M. D. Translated from the German with notes and additions, by CHAS. J. HEMPEL, M. D. Philadelphia: Rademacher & Sheek.

This little work is designed, "*destined*" the translator says, "for those, who having become convinced of the *inanity* of the allopathic method of *treatment*, desire to satisfy the demands of an enlightened conscience, by embracing the new and better method of *treatment*."

It is a straight forward little work, and notwithstanding its frequent and distasteful repetition of words and phrases, it has one merit, which is its brevity. The author goes right at his work, and says directly what he wishes to say, without unnecessary circumlocution or parade.

His introduction shows him to be a man of good sense and discernment, and contains many interesting and useful remarks.

For example, on the selection of remedies, he appears to have little in common with those who give from six to ten different remedies to meet one train of symptoms, or one condition of a patient. On this subject he remarks, "In many cases a single appropriately chosen remedy will be sufficient to restore the patient's health. * * * * In acute diseases it will scarcely ever be necessary to give more than two remedies. In cases where more than one remedy seems indicated, or where some chronic disorder exists, the most essential symptoms will have to be noticed first, a dose of sulphur, for instance, frequently removes encephalitis complicated with the psoric miasm.

On the subject of attenuations of medicines, he is evidently not a high attenuationist, for he tells us that "It is not necessary to go

above the thirtieth, which does all the good that medicine can do. The aggravations caused by this medicine are so slight, that they cannot well be slighter after higher attenuations," and as for cures effected by the highest attenuation, which "the thirtieth and lower potencies could not have effected," he does not believe them. On the other hand he thinks an inexperienced Homœopath. should not use very low potencies, as "he might mistake for an aggravation of the disease, what is in reality a medicinal aggravation." He says, "It is generally advisable not to go below the twelfth." It is on the whole a work which may be perused with profit, as the author has done something of himself, or expressed his own thoughts, rather than made himself a servile imitator of the writings of other men. At the same time it will answer well the purposes for which it was designed, being a comprehensive and cheap manual on diseases and their treatment, adapted to private practice in families, as well as to beginners and learners in the Homœopathic art.

We had designed to offer some strictures on the language, or choice of words, and form of expression of this work, but it is so much more pleasant to speak words of praise than of censure that we forbear. They perhaps belong to the translation rather than to the original, and no doubt may not unfrequently arise, from attempts to express in another language thoughts, the expression for which would have been perfectly clear to the translator in his mother tongue, and a remedy chosen accordingly. The essential symptoms having been removed, a second remedy is chosen for the remaining symptoms, and so on until the disease is cured, which will take place the more speedily, the more accurately the symptoms are distinguished.

The importance of considering the whole mental and moral, as well as physical, condition of a patient in the selection of a remedy is properly regarded, and it is so presented by the author as to leave us to infer, that the drug which is adapted to the physical conditions, will generally produce mental and moral symptoms, analogous to those produced by the disease of which it is the most specific antidote, or to which it stands in the nearest Homœopathic relations.

His remarks on psoric complications we think worthy to be transcribed at length, as exhibiting the importance of a wise regard to the whole condition in the selection of remedies. He says, "In many cases it is not the apparent disease that has to be combatted, but the latent psora with which it is complicated. The presence of

this latent psora is known by the fact, that apparently well chosen remedies, which had never failed (*seldom, he should have said*) to perform cures in apparently the same cases, now remain without any effect, or that they effect only a temporary and partial improvement, which is soon followed by a relapse into the original condition. In such cases it will not only be found necessary to prescribe several drugs, but the antipsoric remedies, whose action is of long duration, will have to be chosen, in preference to the so called apsorice medicine, that act for a less period of time. If an antipsoric remedy has a good effect, without however accomplishing a cure, it is not necessary to choose a second antipsoric remedy immediately after the former. On the contrary, one of the apsorice remedies may be given, in acute as well as in chronic diseases. If an acute disease, which itself was a short course, should be complicated with psora, a single, well chosen antipsoric remedy will itself sometimes cure the whole complication.

THE PRESENT POSITION OF THE TWO SCHOOLS OF MEDICINE—
An Address delivered in the Assembly Chamber, Albany, before the Homœopathic Medical Society of the State of New York, Feb. 14th, 1854. By Alonzo S. Ball, M. D., New York.

This address appears to be an elaborate and candid comparison of the two systems of medical practice. The author has evinced care in getting up his address; it is well written, and the arguments throughout are conducted in a masterly and gentlemanly style. It would be advantageous to the Homœopathic profession if a large edition of the many addresses was printed and circulated gratuitously; we are inclined to think, the circulation of these pamphlets is confined too much to the friends of Homœopathy; they are designed to enlighten the minds of the patrons of Allopathy, and in the hope of turning them from the "error of their ways." Every statement at all calculated to awaken their minds upon a subject of such vital importance should be earnestly pressed upon their attention. The address of our friend, Dr. Ball, is well suited for such a purpose, and should be widely circulated, not only amongst the advocates of Homœopathy, but also amongst its opponents, that they may read of the superiority of the homœopathic law of cure over all other systems of medication.

EDITORIAL.

WATTS' MAGNETIC SUGAR.

CONSIDERABLE excitement prevails at this time in the community concerning a *nostrum* which appears to be wonderful in its effects, causing the deaf to hear, the blind to see, the dumb to speak, the lame to walk, and sundry other miraculous cures, duly heralded, and well vouched for by *respectable* certificates in the newspapers.

1. We were called in haste some ten days since, to see a little boy in Chester street, supposed to be in a dying state from the effects of the *said magnetic* element. We were soon convinced, however, that the little adventurer was singularly intoxicated. He said he was flying, going up, something running over him. He seemed very desponding and prayerful. Said he felt cold, was freezing, and very sick at the stomach. The quantity taken by the little fellow was about a tablespoonful of Watts' Syrup.

2. We were called to a house in Eighth street, to see a young lady who had taken about the same quantity of the Syrup, and by it was forced into a sound sleep, from which she could not be awakened for twenty-four hours. She also felt the despondency and the quickening of her memory, and the exhilaration that the boy felt.

We have heard of several other cases so similar in character to the above, that it is not necessary to detail them. But the powerful article, what is it? We are met at almost every turn by this question. How do they magnetise the sugar? How in the world do they put the lightning into the stuff? It makes one feel so droll! &c., &c.

Well, what is it? What does it do? We will try to answer these questions. In reply to the first, then, we will say fearlessly, that Watts' Magnetic preparation is an intoxicating article, that it will produce unequivocal drunkenness, and is one of the finest articles in the world to set the head in commotion like an aspin leaf. Is it rum? Is it opium? Neither—but it is the *Egyptian hemp*, unless its own effects tell a falsehood. *Cannabis Indica*, *Cannabis Sativa* and *Cannabis Egyptica* are all species of a plant called in common parlance hemp, a decoction of which was formerly used in some climates as an intoxicating beverage, and strange enough to say, the symptoms of the Magnetic Sugar and those of the *Cannabis* tally exactly. From Wood and Bache we have the following description of the article, viz: *Hemp*.—An annual plant, originally from Asia, but now cultivated in various parts of Europe and North America. Some consider the hemp cultivated in the East as specifically different from the common hemp,

and name it *Cannabis Indica*; but most botanists think the two plants identical. It is, however, generally admitted, that the India plant is much more powerful in its action on the system; the difference being ascribed to the influence of climate. Hemp possesses narcotic properties, and is employed in Persia and the East Indies in the form of infusion, as an intoxicating drink. It is also smoked in these and other countries of the East in the same manner as tobacco, with which it is frequently mixed. A resinous exudation from the plant is much employed for the same purpose. Even the odor of the fresh plant is stated to be capable of producing vertigo, headache and a species of intoxication. In Hindostan the tops of the plant are cut when in flower, dried, and sent into the market in bundles, under the name of *gunjah*. The larger leaves and capsules, without the stems, are called *bang*. The concrete resinous exudation is known in India by the name of *churrus*. According to Doctor O'Shaughnessy, of Calcutta, who has experimented with this narcotic, it alleviates pain, exhilarates the spirits, increases the appetite, acts directly as *aphrodisiac*, produces sleep, and in large doses occasions intoxication, a peculiar kind of delirium and catalepsy. Its operation in the hands of Doctor Pereira appeared to resemble very much that of opium. Numerous trials have been made with it as a remedy, and the general result appears to be that it is capable of producing the most of the therapeutic effects of opium, and may be employed as a substitute for that narcotic, when found to disagree with the patient from some peculiarity of the constitution. Very favorable reports have been made of its effects in cholera, neuralgia, rheumatism, tetanus and insanity. It is wrongly called *Indian hemp*, as this name has long been appropriated in the United States to the *Apocynum Cannabinum*. The preparation most used is an alcoholic extract of the dried tops. It is of very variable strength; when of good quality half a grain or a grain will effect the system, while of that found in the shops, ten or twelve grains will sometimes be requisite. The proper plan is to begin with a dose of one grain or two, repeated at intervals of two, three or four hours, and increased if necessary till its effects are experienced. Another preparation employed is a spirituous solution or tincture of the extract, made by dissolving three grains in a fluid drachm of *proof spirit*. The dose of this must correspond with that of the extract. Doctor O'Shaughnessy gave ten drops of it every half hour, in cholera; from twenty to forty minims may be given as a commencing dose, when the full effects of the remedy are required. The Messrs. Smith of Edinburgh, prepare the resin of hemp, freed from inert accompaniments by a process which may be seen at length in the *American Journal of Pharmacy*, Vol. IX., p. 39. They state that two-thirds of a grain operated as a powerful narcotic on themselves, and one grain produced intoxication. The seeds of hemp have also been used in medicine.

They are about one-eighth of an inch long, roundish, ovate, somewhat compressed, of a shining gray color, inodorous, and of a disagreeable, oily, sweetish taste. They yield by expression a considerable quantity of fixed oil, which is used in the arts. They contain also uncrystalizable sugar and albumen, and when rubbed with water afford an emulsion which may be used advantageously in inflammations of the mucus membranes, though it is not superior to a similar preparation from other emulsive seeds. They are much used as food for birds which are fond of them." See also the following

INTERESTING MEDICAL EXPERIMENTS.—An interesting experiment was made in New Orleans, a few days ago, by a druggist, with one of the narcotics so much used in the East, viz: Indian Hemp, or *Cannabis Indica*, in order to test its application to medicinal purposes. He took six grains, (a very large dose,) which produced great weight about the head, followed by irresistible bursts of laughter, during which, however, he was perfectly conscious of all that he was doing, or felt and thought. He says: "I was astonished by the crowd of brilliant and novel ideas and fancies that rushed through my brain, returning over and over again. Imagination and perception were developed to their greatest extent. All the principal incidents of my life passed before me like a flash. This condition of mind lasted two hours. Dreams and reveries of the most pleasing nature followed this extraordinary tension of the intellectual faculties. Then came a deep, calm sleep, which terminated this singular fit of mental hallucination." Another person, who took the same quantity, first felt the most extreme terror, undefinable, and without an object, which was followed by immediate laughter. He thinks that this will become a noted remedial agent in the practice of medicine and surgery.—*Public Ledger*, April 5, 1852.

From the foregoing it will be seen that the various preparations of the *Cannabis* may be used for saturating sugar or syrup, so as to preserve all its (magnetic?) power; but the article so profusely dealt out by Dr. Watts may contain something besides the active principles of hemp. It very likely contains a portion of extract of the mistletoe of the oak.

"The *viscum album*, or mistletoe, is famous in the history of druidical superstition. In the religious rites of the Druids, the *mistletoe* of the oak was employed, and hence was afterwards preferred when the plant came, to be used as a remedy, but it is in fact identical in all respects with those that grow upon other trees. The fresh bark and leaves have a peculiar disagreeable odor, and a nauseous, sweetish, slightly bitter taste. The berries, which are white and about the size of a pea, abound in a peculiar viscid principle, and are sometimes used in the preparation of bird-lime, of which this principle is the basis. At one time the mistletoe was highly esteemed as a remedy in epilepsy, palsy and other nervous diseases, &c."

Viewing the account of the hemp in connection with that of the mistletoe, it will require but little ingenuity to perceive how the two may be combined in the production of a nostrum having a powerful effect upon the nervous system.

Sugar saturated with a mixture of the resinous extract of Cannabis or mistletoe will certainly prove a powerful (*nervous antidote*?) and we should wonder very much if it did not suit some cases very well, and prove a source of relief or cure to others. Or a tincture of the extract may be made and then formed into a syrup, that will serve for the indulgence of nostrum hunters as well as the genuine article of Dr. Watts. We will append a case or two given on the best authority, for the consideration of our readers and for the sake of comparison.

CASE I. Mrs. B——, of New York, took a small piece of the Magnetic Sugar about as large as a small pea, and experienced the following sensations: 1st, sensations of exhilaration, as if under the influence of spiritous liquors, then sense of running like electricity all over the body, through the veins after lying down; felt worse, especially in the head; cold feeling through the temples, as if the head were freezing up; felt immediately as if dying; went down stairs, kept getting worse; would not lie down afterwards for fear she would die; sensation of lifting up and down in the brain, or like electric shocks, felt more and more frequent in the head and roof of the mouth; from the head went to the heart; seems as if the heart would burst; everything gushes up towards the throat from the heart; sensation of a great lump in her throat; wringing her hands for fear of her death; when the sensation struck the heart gave one shriek and tore all the clothes off her breast and chest; sensation as if a burning fire under the heart around the spleen, where she had long before felt disease; all that region felt as if greatly expanded, all of a sudden; mother said she had the most awful look or expression she had ever seen. A gentleman who saw her after she had began to come to, says her expression of countenance was idiotic and maniacal, about equally so, but very marked. A woman placed her hand on her to see if she were dead, when in the fit it produced a shock like electricity, but very violent; recovered from the fit in about an hour, but not from the prostration for twenty-four hours. Panoramic view of the good and bad of her whole life, with praying to God for mercy.

CASE II. Mr. H——, has often taken the "*nervous antidote*," and in company with Dr. W., when joining thumbs at the ends, has felt a current passing from one to the other sensibly; the same exhilarating sensations, with voracious appetite; soon goes to sleep, and after a long night's rest

has more than usual good health. He had been relaxed by an exhausting diarrhœa in Mexico, and with a very bad appetite, which a dose about once a week appeared to relieve.

CASE III. Dr. B——, of New York, took a vial full of the Syrup, about fifty doses for an adult, for the purpose of testing its power. Says a panorama of all his life passed through his brain, first very pleasing, and afterwards all his bad actions; then he felt shocks like that of a corps fire of artillery, in each hemisphere of the brain; continued about seven hours; after the shock he became raving, took several men to hold him; during the panoramic view of his bad actions was constantly praying to God for mercy; came out of it with happy exhilarating sensations, perfectly well.

CASE IV. A young lady, 17 or 18 years of age, had been entirely deaf for thirteen years, and had lost the power of articulation, so as not to have spoken at all for about eight years, was entirely cured by the above remedy, in small doses, in about three months.

It will appear from a comparison of the above cases with the physiological effects of the Cannabis and mistletoe, that the *Magnetic Sugar* may have had its origin from these plants, and if some modern CULPEPER would seize upon them and connect them with the mysteries of astrology, he might define the precise star that would superintend the fate and guide the genius of a Dr. Watts. It is wonderful that a human genius can take hemp or its active principle, and so commingle it with sugar or syrup as to bottle up magnetism to send from place to place to exert its influence upon human subjects. Shades of Ben Franklin hover over us; for the bottled lightning, the results of thy triumph in former times, is more than half eclipsed by this modern triumph of science! The wonder-stricken multitudes that patronize the *newest nostrum*, have at least become familiar with a new order of inebriation that may stay the trade of rumsellers, if it does not supersede in popularity of the veritable cordial itself, known as the Scheidam Schnapps.

But there is no joke about Watts' *Magnetic Sugar*. It certainly produces wonderful effects, and it is for the purpose of calling the attention of the profession to what the article is really composed of that we have condescended to notice it. The active principle of hemp is undoubtedly worthy of the most attentive consideration, and also that of the mistletoe, so long laid aside by the allopathic profession as being inert, deserves at least a fairer examination than it has yet received. And we hope both will receive the attention they merit, not only for the purpose of elaborating more fully their genuine powers as remedies, but for the purpose of becoming familiar

with the antidotes to their poisonous effects. It is true we have already many incidental provings of the hemp, and perhaps we are in a measure in possession of its pathogenetic powers, but certainly it has a powerful effect upon the nervous system in man; and on this account it may prove a powerful antidote to a great variety of nervous phenomena. Would it not be well to institute a systematic proving of the material, that its empirical use may give place to the more certain and satisfactory mode of administering it upon the settled law of its remedial action? And also with regard to the *mistletoe*, once reputed as being the antidote to epilepsy and palsy, may it not be well to decide its merits upon the principle of its pathogenesis? and then we shall have sufficient indications for its use upon strictly scientific principles, without regarding it as a *charm*, fully charged with electricity or magnetism, to operate upon the superstitious in connection with astrology, or the still more mysterious workings of a spiritual philosophy.

GOOD NEWS FROM THE WEST.

It will be seen from the following paragraph taken from a paper published at Ann Arbor, Michigan, that homœopathy is making rapid strides in that region of country, as well as in other places south and west.

“COUNTY MEDICAL APPOINTMENT.—We learn that on Tuesday the 4th inst., the superintendents of the poor for the county of Washtenaw appointed Dr. F. W. Ferris of this city, County Physician for the ensuing year. This we consider a wise and a popular measure, as well as a saving to the county, Dr. Ferris being a homœopathic physician, and furnishing his own medicines free of charge.

Dr. F. is a graduate of the old or allopathic school of medicine, in which he practiced for several years previous to embracing the doctrines of homœopathy, thus having the advantage of thorough acquaintance with the practice of both systems of medicine.

It is also paying a deserved compliment to that large and constantly increasing class of our citizens who believe in the doctrines of Hahnemann. From what we know of Dr. Ferris, and the estimation in which he is held as a prompt and efficient physician, we are satisfied that in his hands homœopathy will not decline.”

From a correspondent writing from the same city, we learn that in spite of the opposition offered by the professors of the college in that place, it is believed that homœopathic science is making more rapid strides among the intelligent classes of the community than at any former period. One of the professors of the college has been dismissed, it is thought, on account of his

liberal views concerning homœopathy. Very likely ! Whenever the members of the allopathic profession can exercise any authority, it is in accordance with their cherished intolerance and bigotry to dislodge homœopathy if they can. There is no body of men under the heavens guilty of more marked illiberality, if we judge from the doings of the majority, than the allopathic brotherhood. Standing as they do upon ticklish and wicked ground, they dread open and manly discussion ; hence their secret detraction, vile abuse and heartless proscription ; but let them curse if they will, and as much as they please, for they are destined at no distant period, to realize the full force of that old Eastern proverb—“ *Curses are like young chickens, they always come home to roost.*”

HAHNEMANIAN INSTITUTE.

[The following correspondence was handed in two months ago, but has been crowded out of the two preceding numbers of the Journal ; we are pleased to be able to give it a place in the present number.—ED.]

THE Fourth Annual Commencement of this Institution, was held on Tuesday evening, February 28th. After the usual presentation of diplomas, the members partook of a sumptuous collation, which was followed by an eloquent address from their gentlemanly and talented President, Dr. Wm. H. Watson.

Drs. Cooke, Bishop, McFarland and Wood, were appointed a Committee to express to Dr. Watson the gratification of the Society, and to request a copy of his address for publication.

CORRESPONDENCE.

Philadelphia, March 2d, 1854.

DEAR SIR :

The undersigned Committee, takes pleasure in announcing to you the interest manifested in your Address before the Hahnemanian Institute, and solicit a copy for publication, well knowing that such a production must reflect honor upon yourself, the Society, and our cause. With our hearty wishes for your success, and our thanks for the manner in which you have discharged the duties which now terminate,

We remain,

Your obedient servants,

N. F. COOKE,
D. F. BISHOP,
L. MCFARLAND,
J. B. WOOD.

TO WM. H. WATSON, M. D.

Philadelphia, March 4th, 1854.

GENTLEMEN :

Your flattering request to publish the Address which I had the honor of delivering at the Annual Commencement of the Hahnemannian Institute, on Tuesday evening last, is now before me. It is, I assure you, with feelings of regret, that I find myself compelled to decline an invitation so complimentary to myself, but the haste in which the oration was prepared, and the fact that I had not intended it for publication, render it impossible for me to accept the honor you would confer upon me. With my best wishes for yourselves, and assurances of my profound respect for the Society which you represent, believe me,

Truly, yours,

W. H. WATSON.


To N. F. COOKE, M. D.,
D. F. BISHOP, M. D.,
L. MCFARLAND, M. D.,
J. B. WOOD, M. D.

WESTERN COLLEGE OF HOMŒOPATHIC MEDICINE.

THE Catalogue of the Fourth Annual Session of this Institution has come to hand. The College appears to be in a prosperous condition. The number of matriculants for the last session was sixty-seven, and the number of graduates thirty-three, including two females.

HOMŒOPATHIC MEDICAL COLLEGE OF PENNSYLVANIA.

THE Seventh Annual Announcement of this College, is just issued. The number of students the last session was ninety-one, and the number of graduates thirty-nine. The Seventh Course of Lectures will commence on the second Monday of October, 1854.

 WILLIAM B. HAMLIN, has opened a Homœopathic Pharmacy, No. 239 Westminster street, Providence, R. I.; he is highly recommended by the Physicians of Providence, and no doubt his establishment will be a convenience to the friends of the system in the vicinity.

CATOLOGUE
OF
HOMŒOPATHIC BOOKS
FOR SALE BY
RADEMACHER & SHEEK,
239 Arch Street, Philadelphia.

A.

A Concise View of the System of Homœopathy, and Refutation of the Objections commonly brought forward against it. Dublin, 1845. Stitched, \$1 00.

Address delivered before the American Institute of Homœopathy at its annual meeting in Albany in 1850, with an account of the Proceedings. By A. E. Small, M. D., Professor of Physiology and Pathology. 25 cents.

Address delivered to the Homœopathic Medical College of Pennsylvania as a Preliminary to the Course of 1849-1850. By A. E. Small, M. D., Professor of Physiology and Pathology. 13 cents.

Atkin, Dr. George. The British and Foreign Homœopathic Medical Directory and Record. Issued July 1, 1853. London. Bound, \$1 50.

B.

Becker, Dr. A. C., On Constipation. Translated from the German, 1848. Bound, 33 cents.

Becker, Dr. A. C., On Consumption. Translated from the German, 1848. Bound, 38 cents.

Becker, Dr. A. C., On Dentition. Translated from the German, 1848. Bound, 38 cents.

Becker, Dr. A. C., On Diseases of the Eye. Translated from the German, 1848. Bound, 38 cents.

☞ The above four works by Dr. A. C. Becker, can be had bound in one volume, at \$1.

Becker, Dr. A. C., Allopathy, Hahnemannism, and Rational Homœopathy. 13 cts.

Bœnninghausen's Essay on the Homœopathic Treatment of Intermittent Fevers Translated and Edited by C. J. Hempel, M. D. 1845. 38 cts.

Bœnninghausen, Dr. C. von, Therapeutic Pocket Book for Homœopathic Physicians, to be used at the Bedside of the Patient, and in studying the Materia Medica Pura. Edited by Charles J. Hempel, M. D. Bound, \$2 00.

Bœnninghausen, Dr. C. von, The Sides of the Body and Drug Affinities. Homœopathic Exercises. Translated and edited by Charles J. Hempel, M. D. 25 cents.

Bowers, B. F., M. D., Reason why Homœopathy should receive an Impartial Investigation from the Medical Profession and the Public. By B. F. Bowers. M.D. 18 cents.

Bryant, Dr. J., The Rival Schools of Medicine; or, Homœopathy vs. Allopathy A Lecture. 13 cents.

Catalogue of Homœopathic Books, for sale by Rademacher & Sheek.

Bryant, Dr. J., A Pocket Manual or Repertory of Homœopathic Medicine, alphabetically and nosologically arranged; which may be used as the physician's Vade-Mecum, the traveller's Medical Companion, or the Family Physician: containing the principal remedies for the most important diseases, symptoms, sensations, characteristics of diseases, &c.; with the principal pathogenetic effects of the medicines on the most important organs and functions of the body; together with diagnosis, explanation of technical terms, directions for the selection and exhibition of remedies, rules of diet, &c., &c. Compiled from the best homœopathic authorities. Bound, \$125.

C.

Calman, Dr. Ludwig, Homœopathy the True Healing Art. London. Paper cover, 38 cents.

Caspari's Homœopathic Domestic Physician, edited by F. Hartmann, M. D., "Author of the Acute and Chronic Diseases." Translated from the eighth German edition, and enriched by a Treatise on Anatomy and Physiology, embellished with 30 illustrations by W. P. Esrey, M. D. With additions and a preface by C. Hering, M. D. Containing also a chapter on Mesmerism and Magnetism; directions for patients living some distance from a homœopathic physician to describe their symptoms; a Tabular Index of the medicines and the diseases in which they are used; and a Sketch of the Biography of Dr. Samuel Hahnemann, the Founder of Homœopathy. Bound, \$1 00.

Channing, W., M. D. The Reformation of Medical Science, demanded by Inductive Philosophy. A Discourse delivered before the New York Physicians' Society. 2d edition. 25 cents.

Chepmell, Dr. E. C., Domestic Homœopathy restricted to its legitimate sphere of practice, together with rules for diet and regimen. First American edition, with additions and improvements by Samuel B. Barlow, M. D. Bound, 50 cents.

Croserio, Dr. C., Homœopathic Manual of Obstetrics: or a Treatise on the aid the art of Midwifery may derive from Homœopathy. From the French by M. Coté, M. D. 1853. Bound, 75 cents.

Curie's Practice of Homœopathy. London. 1838. Bound, \$2 00.

Curtis, J. T., M. D., and J. Lillie, M. D., Epitome of Homœopathic Practice. Compiled chiefly from Jahr, Ruckert, Beauvais, Bönninghausen, &c. Second enlarged edition. 1850. Bound, 75 cents.

Curtis, J. T., M. D., The Relations of Homœopathy to Chemistry, an inaugural address, delivered before the Hahnemann Academy of Medicine, January 14th, 1852. 13 cents.

D.

Defence of Hahnemann and his Doctrinés, including an exposure of Dr Alex. Wood's "Homœopathy Unmasked." London, 1844. 50 cts.

Dysentery and its Homœopathic Treatment. Containing also a Repertory and numerous Cases, by Fred. Humphreys, M. D., Professor of Homœopathic Institutes, Pathology and the Practice of Medicine in the Homœopathic Medical College of Pennsylvania. 1853. Bound, 50 cents.

E.

Elements of Veterinary Homœopathy, embracing hints on the Application of Hydropathy: or a Treatise on the Diseases of the Horse and Cow; with remarks on the general Management and principal Diseases incidental to the Sheep and Dog. By W. Haycock, V. S., Member of the Veterinary College, Edinburgh. London, 1852. Bound, \$3 50.

PHILADELPHIA JOURNAL OF HOMŒOPATHY.

VOL. III. — JULY, 1854. — No. IV.

ORIGINAL COMMUNICATIONS.

ADDRESS,

*Delivered at the Eleventh Session of the American Institute of
Homœopathia, held in Albany, June 7th, 1854.*

BY WILLIAM E. PAYNE, M. D.

GENTLEMEN OF THE AMERICAN INSTITUTE OF HOMŒOPATHIA :

Art is the hand-maid of science—it is science in act, or science in use. Art is the work, and a knowledge of the principles by which this work is performed, constitutes science. Science belongs exclusively to the world of mind—art to the world of matter. Science is an aggregate of principles—art is the result of the same principles brought down to the plane of every day life.

Technically and specifically, architecture is both a *science* and an *art*. The science of architecture is the aggregate of principles relating to proportions—the adaptation of parts for strength, &c. The art is the erection of an edifice according to the same principles. In the construction of a house, certain rules relating to length, width, height, and a certain finish, according to some determinate use, are studied. We obtain a knowledge of the required rules, and thus we are said to have a conception of the house—the house is mentally erected. A knowledge of all the rules necessary for the construction of an edifice that will subserve in the most perfect manner some determinate purpose, and most pleasing in its aspect, is what I understand in general, to be the science of architecture. Now, if we proceed on to erect the edifice according to these rules, we bring forth these rules, principles, or truths, and embody them on

the plane of every day life—the construction of the edifice constitutes the art.

Medicine is both a *science* and an *art*. The *science* is an aggregate of principles or rules, which point out to us the means of cure. The *art* is the preparation, and application of those means. The same is true of all other departments. This is what I understand to be the true relation of *art* and *science*.

If the idea is distinctly perceived and acknowledged, it must be obvious that, as are the principles by which the work is performed, so must be the work performed by those principles. If the work is performed according to false conceptions, or according to an imperfect conception of principles, then the work must be necessarily imperfect, and fail in a greater or less degree of subserving the purpose intended. Then, as the *science* is, so must be the *art*, and conversely, as the *art* is, so must be the *science*. The tree is known by its fruit. This is precisely what we find in tracing the history of all the *arts* and *sciences*; and in *none* do we find these mutual characteristics more clearly demonstrated, than in the history of the *art* and *science* of medicine.

Two methods have ever been pursued by mankind in the investigation of truth. One is called the *synthetic*, and the other the *analytic*. Synthesis begins its course of reasoning from assumed causes. Opinions, conjectures, hypotheses are formed. Then facts are sought in the field of experience for confirmation. If facts sometimes occur, which do not exactly square with the hypothesis, they are made to bend, or are clothed with garments suited to the occasion. This had been the received method of investigating truth down to the time of Lord Bacon. But, I believe, in the whole history of scientific discoveries, not one of the physical sciences is known to have been discovered by this method.

Analysis is the inverse of *synthesis*. Analysis, which is also called induction, begins its course of reasoning from facts. By the skilful arrangement of a sufficient number of facts, their causes are seen. From facts, the progress is onward to principles—from effects to their causes. This has been a fruitful method of investigating truth. The *synthetic*, though equally barren of success in medicine, as in the investigation of other truths, yet it was pursued with uncommon persistence and ardor for two thousand years and upwards; and is still pursued, by what is termed the old school of

medicine, with an ardor not much, if any, abated. Indeed, the whole pathway of medicine, presents one continued scene of wrecked theories and systems—theories and systems which could not stand the test of experience.

In tracing the history of the worlds' progress in the *arts* and *sciences*, we find it marked by distinct epochs. Each department had its morning, its noon and its night, and thence proceeded onward to a new day. It is quite certain, that some of the *arts* and *sciences* with the ancients, progressed to an altitude above the point at which they have arrived in modern times, and from thence descended in the lapse of ages, to a long, dark and cheerless night. In passing through these different periods, under the guidance of a Divine Providence, a preparation seems to have been made for an entrance upon a new and a higher state. Thus, in the long night which preceded the dawn of modern science, it were unjust to say that no good was accomplished. There were engaged in this great work, acute observers of facts—men self-sacrificing and unflinching in their endeavors after truth, and such men had laid aside a rich store of facts for future use. In the fulness of time great men appeared upon the stage of human action, to arrange these facts—to generalize—to deduce therefrom general principles—to establish science. Such men were Euclid in mathematics, Archimedes in mechanics, Copernicus in astronomy, Newton in gravitation, and Hahnemann in medicine. Each of these great discoverers pursued the analytic, or inductive method of investigation.

The whole history of medicine from Hippocrates to Hahnemann, a period of about two thousand five hundred years, presents but one series of changes. Except occasionally, a glimpse of the great law of cure, the history of medicine, is but the history of theories and revolutions. Every bold adventurer in the medical ranks, instead of interrogating nature and learning her laws by a judicious experience, aspired to be the inventor of a theory, and the leader of a sect. Scarcely however, had the new theory been given to the world, ere a powerful rival appeared with another theory, if not more plausible, destined alike with its predecessor to have its day, and like that, from the failure of its practical workings, to sink into an endless night.

The progress made in the healing art, and its estimate by some of the most illustrious members of the profession; men of genius, who

devoted the labor of their lives to the practice of their art, and who attained to the highest honors which it was possible for the profession to bestow; we say, the true condition of medicine, may be seen in the voluntary confessions of such men as these.

Boërhaave, a distinguished professor at Leyden, and an illustrious physician, said: "If we compare the good which half a dozen true disciples of Esculapius have done since their art began, with the evil which the immense number of doctors have inflicted upon mankind, we must be satisfied that it would have been infinitely better for mankind if medical men had never existed."

Van Helmont declared, that "medicine did not advance, but turned upon its axis."

Sir Gilbert Blane used the following remarkable language; and Dr. Pereira, the author of a voluminous work upon the Allopathic Materia Medica, and a violent opposer of Homœopathia, endorses the assertion: "In many cases," says Sir Gilbert, "patients get well in spite of the means employed; and sometimes when the physician fancies he has made a great cure, one may fairly assume the patient to have made a happy escape."

Sir William Knighton, who was physician to George the IV., says: "It is somewhat strange that, though in many arts and sciences, improvement has advanced in a step of regular progression from the first, in others it has kept no pace with time. Medicine seems to be one of those ill-fated arts, whose improvement bears no proportion to its antiquity."

Dr. Abercrombie says in his work on the Intellectual Powers, in relation to the action of medicines upon the body: "They are fraught with the highest degree of uncertainty."

Sir Astley Cooper says: "The science of medicine is founded on conjecture, and improved by murder."

Dr. Gregory, author of a work on the Theory and Practice of Medicine, says: "Medical doctrines are little better than stark-staring absurdities."

Dr. Forbes, who stands at the head of the Allopathic school, and former editor of the British and Foreign Medical Review, after some critical reflections upon the imperfections of the Allopathic school, says: "As thus reflected in our critical mirror, the features of our ancient mother, (Allopathia) assuredly look somewhat unattractive. She seems neither happy, nor prosperous; yea, she seems

sick, very sick ; her countenance is sicklied o'er with the pale cast of thought, from the strength of her inward throes. The genius and the mortal instruments are now in council, and her state, like to a little kingdom, is suffering the nature of an insurrection. And such, in truth, do we believe to be, literally, the condition of physic at this moment. Things have arrived to such a pitch that they cannot be worse. They must mend, or end."

Those of us, gentlemen of the Institute, who have been practitioners in the Allopathic school, know these to be truthful confessions.

If, then, such be the condition of the Allopathic art, after a period of two thousand years and upward, as represented by those of its adherents who were, and are capable of appreciating its claims, and who would have pronounced its eulogy if they could, are we not justified in the inference that the principles by which they prescribed and still prescribe their remedies, are false ?

Such, in brief, was the condition of the healing art, from its earliest history, down to the latter part of the last century.

In 1790, the dawn of a new day in the history and practice of medicine appeared. From the rich store of facts which had accumulated under the eagle eye of experience, through this long period of contending theories, the genius of Hahnemann educed a universal law of cure.

One would suppose, in the death of successful issues in the old practice of medicine, that the announcement of the discovery of such a law, would have been received by the profession with thankfulness, and hailed with gladness. But this was not the case. True to that spirit of intolerance—that spirit of bigotry and persecution which compelled Galileo to abjure in the most solemn manner upon his knees, his discovery of the great fact that the earth rotates, committed him to prison, and his books to the flames ; that spirit of bigotry and persecution, which was let loose upon Harvey and Jenner, denouncing them as quacks, and denying them all professional intercourse ; that spirit which gave to the discoverer of America, manacled limbs and a dungeon ; we say, true to this, and the spirit of self-aggrandizement, the medical profession met Hahnemann's discovery with virulent opposition—maligning his motives, and pursued him with the most heartless rancor to the very end of his life. Would that we could say at the grave of Hahnemann, the

shafts of envy and malice, fell from the grasp of his relentless pursuers. But this was not so. Hahnemann's death revealed to his persecutors the fact that he was the mistaken object of their pursuit. Hahnemann died, but the truth—the great law of cure—the enemy of theories, hypotheses and human inventions, of which he was the medium, did not die with him. As an example of the opposition to Hahnemann, we copy a notice of his death, *verbatim et literatim*, from the "Dublin Medical Press," a journal of some note in the Allopathic school. "It appears," says that Journal, "that old Hahnemann, the inventor of the Homœopathy humbug is dead, having protracted his existence by infinitesimal doses of nothing, to eighty-eight years, greatly to the consolation and edification of the patrons and patronesses of quacks and quackery." We might fill sheets with extracts such as this, but will not allow ourselves to dwell upon such heart-sickening exhibitions of degraded human nature, but will proceed onward to the contemplation of a theme more worthy the consideration of an intelligent community.

If we were yet without experimental evidence of the existence of a universal law of cure, analogy, alone, would inevitable lead to the conclusion that such a law does exist—that such a law would be but the compliment of the great system of laws by which all operations in the physical world are carried on, and to which all observable phenomena are referable. Does the movement of a body on one occasion require the operation of a certain law, and at another time, and on another occasion, require the aid of another and very different law? The law of gravitation was not supposed by its discoverer to extend its influence beyond the immediate vicinity of the earth's surface; but the more speculative genius of Kepler led him further on in the investigation, till he arrived at the conclusion that gravitation was a force acting mutually from planet to planet; but more particularly from the earth to the moon. The limit of his research, however, did not bound the extent of the law. The more comprehensive genius of Newton demonstrated it to be a universal law, regulating not only the motions of all bodies upon and near the earth's surface, but also the motions of all celestial, bodies—planets satellites, and suns. Thus, the law that operates in forming the rain-drop, and bringing it down to the earth's surface, is not only the same law that makes our earth a solid globe, keeps it in its orbit, and us, during our probation, denizens of its surface; but

also binds into one common brotherhood, the countless orbs that roll on in interminable space. If, then, all hitherto observable phenomena in the motion of bodies, are referable to the known law of gravity, we certainly are justified in the conclusion that no other law of gravity exists.

All phenomena connected with the imponderable agents,—light, heat, electricity, &c., are referable to certain established laws.

In chemistry we have the same, and unvarying operation of known laws in all the observable phenomena connected therewith. All bodies aggregate under the influence of a certain law called *attraction of cohesion*. Mathematical proportions are observed in all such combinations with as much strictness as if the law possessed the faculty of rationality; and no departure from this, under the influence of the law, unmolested, ever happens.

In physiology, does not the blood, in obedience to an established law, always observe the same and undeviating course? Does the blood to-day, in its perpetual round, flow out from the heart into the arteries, to every part of the body, to animate and nourish it, and return to that great central organ, purified in its return course by that living depurator—the lungs; and to-morrow take another, and entirely different course, in obedience to another, and entirely different law? From infancy to vigorous manhood, from manhood to decrepit age, in both male and female, in sleeping or waking, in lying or standing, in health or in sickness, it flows on in the performance of its established use, in obedience to the same unvarying law.

Planets revolve, and are kept in their orbits, trees grow, and men and animals live, but each according to their own respective laws. If we admit these laws to be constant and perpetual, (and this must be admitted, unless shown to the contrary by actual experience,) then the same principle must be conceded in reference to the law of cure, unless actual experience otherwise demonstrates it.

But reason as we will—however acutely, however convincing to the understanding—the test is in experience. Experience here, as in every thing else, is the touch-stone of truth.

Independent, then, of analogies, you, gentlemen of the Institute, have positive evidence of the existence of a universal law of cure, in actual experience.

In what disease, or in what class of diseases, has not the

homœopathic law, in competent hands, proved itself effective? Can you point to a single form of disease, in that long catalogue of chronic maladies, in which homœopathia has failed of accomplishing her end? Consumptions of the lungs—cancerous affections—dropsy, not only general, but local, of the brain, chest, abdomen, &c.—dyspepsias—neuralgias—convulsions—St. Vitus' dance—lock-jaw—hydrophobia—spinal and hip diseases—diseases of the heart—paralysis—rheumatism—rickets—scrofulous affections, and the multiplied varieties of skin disease—all have yielded to the power of remedies applied according to the great homœopathic law of cure.

In acute maladies its effect is no less certain, but more striking from the promptness of the action. Who that has been under the care of a competent homœopathic physician, during repeated attacks of painful and acute affections, has not felt the silent, but mighty, power of a remedy applied according to this law? *Inflammation of the brain, the spinal marrow, the eye, the ear, the tongue, the throat, the lungs, the heart, the stomach, the liver, the spleen, the kidneys, the intestines, &c.*; together with *general fevers, inflammatory, intermittent, typhus, ship and yellow fevers, small pox, scarlatina and measles, influenza and whooping cough, dysentaria and diarrhœas*, have yielded, as if by magic, to remedies applied according to the homœopathic law. And last, though by no means least, in Asiatic cholera—that scourge of the human race—what was the effect? When allopathia had exhausted the whole catalogue of her impotent means to stay its desolating march, as a kind of forlorn hope—as a last resort, homœopathia was permitted to enter the field. Confident in her own inherent strength, she marched up to the contest with a firm and unfaltering tread, and that mysterious disease, which had hitherto defied the combined effects of allopathic skill, yielded an easy captive to its mighty power.

You all know very well, gentlemen of the Institute, the comparative results of both methods of treatment. While the average mortality under allopathic practice, run along the scale to 75 per cent., that under the homœopathic stopped at 13 in the one hundred. Here, then, was a long stretch between the two points of mortality; and in that disease, too, where all acknowledge that the most powerful remedies must be used, and that quickly, or the patient dies. This was a mighty triumph for poor, despised homœopathia;

and an epoch in her history that will be long remembered with gratitude by her friends, and with mortification by her foes.

But no more marked are the comparative results between the homœopathic and allopathic treatment of cholera, than in the treatment of that terrible scourge of the tropical regions—yellow fever. That appalling epidemic, which last year swept along the valley of the Mississippi—extending its devastating course over the whole south-west, almost depopulating some of the busiest and fairest cities of that region of our country, encountered no check from medical treatment, until, as in cholera, as a last resort, the aid of a few pioneers in the work of medical reform, in that region of country, was implored. Having a universal and unerring law of cure to guide them in the choice of remedies, they had no need to watch the course of the epidemic, to experiment with this drug and that, to first see thousands hurried to that bourne from whence no traveller returns, before they could hope to meet this, hitherto untried disease, with success. As Hahnemann, merely from a description of the symptoms of cholera, without ever having seen a case, was enabled to point out, by the aid of the law of cure, which he had discovered, the remedies that have, ever since, proved so successful in the treatment of that disease; so the homœopathic physicians of the South, by the aid of the same principles, were enabled to meet yellow fever, at the very outset, in the most prompt and efficient manner. So much superior did the homœopathic prove, over the allopathic, in that frightful pestilence—such an impression did this fact make upon the public mind, that the Trustees of the Mississippi State Hospital, located at Natchez, appointed Homœopaths as physicians and surgeons to that Institution, to take the places of the most distinguished allopathic physicians, which they, hitherto had been able to find. The trustees, themselves, declare that they were actuated, in this course, by the superior success of the homœopathic treatment of yellow fever. This has been a long established, and well endowed Hospital, under the exclusive control of the allopathic school, ever since its foundation; and this signal triumph of homœopathy, in the year 1843, both over disease and popular prejudice, engendered by the machinations of a designing enemy, is but another epoch in the history of the new school.

With these results before us, gentlemen of the Institute—results,

the truth of which do not rest upon the unsupported testimony of interested witnesses of the medical profession, but upon the testimony of thousands who have suffered from disease, and could find no help but in homœopathia—with these facts before us, are we not justified in believing the homœopathic law to be a universal law of cure?

If, then, every *form* of disease has been successfully treated by the homœopathic law, the question arises, why may not *every case* of disease be cured by the operation of the same law? We answer, every disease may; that is, every disease that has not passed beyond a certain point; for there is a point in the progress of disease, beyond which, restoration is not possible. The reason why all curable cases that come under the care of homœopathic physicians, are not cured, I shall endeavor to point out.

The principal causes of failure may be embraced under three heads. They relate, first, to the *materia medica*; second, to the *physician*; and third, to the *patient*. •

The law of cure, discovered by Hahnemann, is expressed by the Latin formula, *similia similibus curantur*, which simply means, that a drug which has the power of producing, in the healthy body, a certain abnormal or diseased condition, will cure a similar abnormal or diseased condition, which has arisen in the system from any other cause. Thus, Rheubarb has the power of producing in the healthy body, diarrhœa, with the following symptoms: *Flatulent distension of the abdomen. Cutting and pinching colic pains. Sour smelling, or sometimes fœtid, and pappy evacuations, accompanied with shuddering, and violent urging, increased by motion. Sour, flat, slimy, and sometimes bitter taste in the mouth.* We often meet with cases of diarrhœa, especially with children, exhibiting the above symptoms. Whenever we meet such a case, we know Rheubarb is the remedy, for we see an exact correspondence between the symptoms of Rheubarb, as recorded in our *Materia Medica*, and the symptoms of the disease. This exact similarity between the Rheubarb symptoms, and the symptoms of the disease, makes the Rheubarb homœopathic to the disease. This principle of choosing and applying the remedy, must be followed in all cases, or the cure fails. It will be seen, then, in order to make the homœopathic principle of choosing remedies, universally available, in the treatment of diseases, we must first obtain a knowledge of the symptoms

or diseases which drugs will produce upon the body in a state of health. This knowledge we have already obtained, respecting many remedies, through the indefatigable zeal of Hahnemann, and his co-laborers. There were found in the medical ranks, self-sacrificing members, who were willing to undertake, in connection with Hahnemann, the proving of drugs upon themselves, for the sake of obtaining knowledge of the means to make the sick well. The drugs thus proved, and their symptoms recorded, constitute the Homœopathic Materia Medica. This proving of drugs, on the healthy body, is still pursued by homœopathic physicians, with a zeal by no means abated. There is, at this time, a regularly organized society in this country, called the American Provers' Union, organized by the indefatigable zeal of Dr. Hering of Philadelphia, and now in successful operation, every member of which is bound by the most sacred obligations to prove upon himself, and those of his friends who may be induced to undertake it, at least one drug every year. Similar societies are in successful operation in Europe. Thus we have added to our Materia Medica, one or more thoroughly proved drug every year.

Homœopathia as an art, rests upon the great truth, that every disease has its specific—every poison its antidote. This great fact in nature, is so constantly demonstrated to us, by the experience of every-day life, so consonant with our rational conceptions of the goodness and parental care of an All Wise Providence, it is difficult to conceive that a system of medicine, which had not this as its basis, could have held sway so long, as has the old system of medical practice, in the minds of rational men. This claim of homœopathy, first led me, as it doubtless has many others, to investigate its pretensions.

Homœopathia, then, we say, is essentially the science of specifics. A disease that Sulphur will not cure, cannot be cured (in the proper acceptation of the word cure,) by any other drug. It is not meant by this, that a disease for which Sulphur is the specific, can never get well unless Sulphur is used. In acute diseases, a recovery is often the result of the reactive powers of the system. This reaction may be induced by some violent impression made upon the system from without, of which hydropathic treatment furnishes the best example in point, or, it may follow the unaided reactive powers of life, as we witness, sometimes, in the accession, course and termina-

tion in health, of acute maladies, without the employment of any means. But in chronic diseases, as we shall have occasion to show, a cure never can be effected except by the use of the specific medicine. All cures which result from any other mode of procedure, are only apparent cures—mere palliations, which last only for a definite period.

The objects of the surrounding world admit of a two-fold division, and bear a two-fold relation to man. One is for the formation and sustentation of his body when in a state of health, and the other for his restoration when he becomes diseased. The one we call *nutrients*, and the other *poisons*. They are both exclusively for his use, either directly or indirectly; and he is intimately and directly connected with the one, and at the same time, remotely, with the other. We call *nutrients* supporters, and *poisons* destroyers of life; but they are only relatively so. Thus, that which imparts nutriment and support to the body in a state of health, becomes the aggravator and perpetuator of disease, and the ally of death, when the body is sick. Nature indicates man's true and present relation with these forms, in the most positive manner. Thus, we have evidence that the body changes its relation to nutrient forms, on the accession of disease, in the loss of appetite, which often increases to an utter disgust; and in the aggravation and untoward symptoms which result, when food is forced upon an unwilling stomach. Another important proof is the entire suspension of the assimilative and eliminating processes, as indicated in the fact that the body seldom or never emaciates, even under the influence of acute diseases, as long as there is an entire disgust of food; but when the appetite returns, emaciation goes on for a time very rapidly, for the reason that the body, as it were, preys upon itself. The wants created by the renewed eliminating and assimilative processes, cannot be supplied at once by the enfeebled digestive organs. Who ever heard of death resulting from the non-reception of food when there was an utter loathing?

On the other hand, those substances which operate as poisons upon the body, in a state of health—which the body rejects in the most positive manner, as foreign to its wants, become supporters of life, when the body is diseased. From this class we obtain all the medicines that compose the homœopathic *materia medica*; and from which we select our remedy in the treatment of disease.

Now, as in accordance with the homœopathic law, every disease has its specific, and every product comprising the class of our second division, is specific or homœopathic to some form of disease, and further, but a limited number of these substances have, as yet, been proved upon the healthy body, an indispensable requisite to their use—it follows that a disease may arise, for which no homœopathic or specific remedy is yet known. If called upon to treat such a case, it is perfectly evident that we must fail of success. Thus, Glonoine is a remedy but recently introduced into the homœopathic *materia medica*. The proving of this drug is yet limited; but sufficiently extended to show it to be specific or homœopathic to a peculiar form of headache. This drug will produce in the healthy subject a violent throbbing pain in the temples and cerebral portions of the head, much aggravated by motion; a constricted feeling about the throat, as if bound by a ligature, producing a full feeling in the head, as if about to burst. At the same time there is rapidity of the circulation, with more or less violent action of the heart. Glonoine, which has the power of producing such a combination of symptoms, will cure a similar combination by virtue of the homœopathic law, arising from any other cause. Many such headaches have been cured by Glonoine. But previous to the proving of this drug, such a headache could not be cured. This kind of headache was subject, alone, to the unaided efforts of nature; or, at best, but slight palliation was the result of medical treatment. There are many drugs of vast importance, which have not been proved, and therefore, the diseases to which they are homœopathic, must remain subject to palliation alone, until the power of these drugs is ascertained by experiment upon the healthy subject.

In this incompleteness, then, of our *materia medica*, and not in the homœopathic law, may lie the cause of occasional failures in the treatment of disease by homœopathic physicians. But this source of failure is comparatively unimportant, as the homœopathic *materia medica* already embraces between three and four hundred remedies, many of which are pretty thoroughly proved; and the addition of new remedies is being made every year; so we may confidently hope that this source of failure will be, before long, among the things that were.

But a more fruitful source of failure, perhaps, is a lack of understanding on the part of the physician, of the true characteristics of

those remedies already proved. Here, you are aware, gentlemen of the Institute, is a difficulty which time, and the united labor of minds which can justly rank with the great discoverers of the world, only can overcome. This difficulty may be acknowledged without disparaging the capacity of any. All cannot be discoverers of great truths; and all cannot equally well apply principles in the cultivation of the arts. We work according to the measure of our capacities.

The homœopathic materia medica is yet, as is well known, and as might be supposed, not only in a limited, but also in an imperfect state. We need another Hahnemann in point of industry, indomitable perseverance and intellectual capacity, to generalize—to arrange particulars under general heads—to dispose the crude materials, of which we have an abundance, into scientific order; in other words, to complete the work which he so auspiciously begun. Many champions have already entered the arena, and are manfully wrestling with the difficulties which now lie in our way; and we may confidently hope that some one of these earnest seekers after truth, will ere long secure the prize. When this is accomplished, all will be able to select the remedy with comparative ease; and thus *this* source of failure will sink into insignificance.

I cannot, perhaps, do better than take as an example a case which occurred in the earlier part of my own practice, to illustrate this point of my subject. The same case was related on another occasion, to the Institute; but it so clearly illustrates the point under consideration, I doubt not the repetition will be excused.

The patient had been an asthmatic for twenty years. He had exhausted the skill of allopathia, without perceptible results; but in making the tour of quackdom, chanced upon a nostrum that suppressed his asthma, but gave in return, what was called cramp of the stomach. These attacks, which were of frequent recurrence, were more alarming, and far more painful, than his worst paroxysms of asthma; and moreover resisted, with equal pertinacity, all attempts on the part of allopathia to subdue them. Morphia, followed by cathartics, however, usually brought a temporary suspension of suffering; but every subsequent attack proved more unyielding, until the patient gave up all hope of cure from this quarter. At this stage of the case, at the earnest solicitation of his friends, he determined to try homœopathia. I was called. The following were the more

prominent symptoms of the case: cramp-like pains in the right side of the chest, extending forwards and downwards to the epigastrium, and through to the back. No soreness on pressure, nor did the pain seem influenced by respiration or motion of the body. Extremities cold, and the whole body at times bathed in a cold, clammy perspiration. Pulse full, slow and oppressed. During the paroxysms, he exhibited an inconceivable degree of physical strength, clenching objects with an iron grasp; and assumed almost every position in which the body could be placed. An almost insupportable sinking at the epigastrium succeeded these exacerbations. The paroxysms were remittent, but never intermittent. Hitherto an attack had never subsided without the employment of powerful opiates. This, in general, was the condition of the patient when he had been under my charge for about ten hours. I had used every medicine which seemed to bear any relation to his disease, but all without the least perceptible effect. This was the first trial of homœopathia. Relief had always been more prompt under the old treatment. The patient was failing. Friends were anxious. Confidence with its friends even, in this case, was shaken. They judged the efficacy of the principle by my failure to make it available. What is to be done? was the question constantly recurring to my mind. Shall I abandon the patient to allopathia, from which I am sure he will gain nothing but palliation; or shall I palliate myself, and during the interval of relief, institute one more search for a remedy? I determined to pursue the latter course; for, if I did not succeed, the patient would be no worse off than if now turned over to the old practice. I could then surrender him, for I had long before determined never to attempt a cure by allopathic means. I accordingly gave an anodyne. The expected relief followed, which was perfectly satisfactory to the patient and friends—but far otherwise with me. Through the night he was free from pain, but did not sleep. I gave nothing on the following day, though the pain gradually but slowly increased, as the effects of the anodyne passed off. In the meantime I employed all leisure moments in searching for a remedy to meet the case. The succeeding night was one of suffering; and I was again called at early dawn to renew my hitherto impotent efforts to quell the disease. The pain had already increased to an alarming extent. I had chosen the only remedy which I proposed trying, upon the failure

of which I determined to abandon all further attempts to meet the case—not from the conclusion that the homœopathic *law* was insufficient, but that the *art* was not sufficiently developed, or that my knowledge of remedies was too limited to enable me to adapt one to the case in hand. I had no questions to ask respecting the development of new symptoms. I had pre-determined, and it only remained to carry my determination into action. I therefore ordered water, into half a tumbler of which I dropped three drops of *Colchicum Autumnale* of the 3d attenuation, and gave a single teaspoonful of the mixture. Immediate relief followed, and when I took my leave, perhaps ten minutes from the time of entering his apartment, he was almost wholly relieved. Several years have elapsed, but the pain has never returned.

Had I abandoned this case, as I was often on the point of doing, I might have decided that either the homœopathic law was at fault, or our list of proved remedies did not contain one homœopathic to the disease; when, in fact, neither was the case, as the result proved.

This case illustrates what I mean when saying, failures of cure sometimes result from a want of knowledge on the part of the physician, of those remedies already proved, and embraced in our *materia medica*.

But a far more frequent cause of failure than either of the above mentioned, lies with the patient. To be successful, a correct knowledge of all the symptoms must be first obtained. Symptoms constitute the out-spoken, the audible language of disease. They indicate the true character of disease more surely than words, and acts indicate the true character of the mind; for words and acts may be hypocritical, but symptoms never. All we can ever know of disease is what we learn by this language of nature.

In every case of disease there are two classes of symptoms. One is called *subjective* and the other *objective*. Subjective symptoms are those which depend for their analysis and true representation, upon certain faculties of the patient; such as *perception*, *comparison* and *description*. In this class of symptoms, pain is perhaps the most prominent. Now, this symptom often proves a fallacious guide to the physician, for the simple reason that he does not often get a true idea of its character from the patient. If the patient has the faculty of perceiving, mentally, the difference in the

character of pain, he is often deficient of the faculty of comparison and description. He cannot tell you whether the pain is *cutting*, *shooting*, *tearing*, *drawing*, *pressing*, *gnawing* or *burning*. Hence the physician's knowledge, without some more reliable information, must be, necessarily, inferential. This will not answer the accurate demands of homœopathia. The symptoms of the disease must correspond in every particular with the symptoms of the drug, or success will not follow. The inability of the patient to describe his symptoms accounts for a large proportion of the failures which occur in homœopathic practice. The sick must learn to analyze their sensations and communicate them accurately to the physician, before this source of failure will cease.

But there is another class of symptoms which will never deceive us—they always speak facts. Upon these symptoms the physician should always place his greatest reliance. They are called *objective*, because they are the special objects of the senses—such as sight, hearing, touch, &c. They are independent of the control of the patient. The physician does not depend for his knowledge of them, upon the patient's just appreciation of sensations. The appearance of the skin—eruptions &c., motions of the heart, the general aspect of the countenance, the physical signs of respiration, and the excretions of the body, are embraced in this class of symptoms. Upon these symptoms, in the treatment of infants, we have to rely almost wholly; and the truthfulness of these signs, in my judgment, accounts for our superior success in the treatment of this class of patients.

But a still greater obstacle to a successful issue in the homœopathic treatment of diseases, lies in this:—the patient is in haste to recover. Immediate effects from the remedy must be seen—a cure must be performed right off, or the patient is not satisfied to continue the treatment. This you know, gentlemen, is impossible. The very nature of chronic maladies precludes the possibility.

Chronic and *acute maladies* differ widely from each other in their character and course. Their relation is comparatively like temptations, in the moral world, to the hereditary depravity of mankind. The one comes from without, and the other is inherent in the constitution. As in temptations, there is a constant endeavor to excite into activity the hereditary evils of our nature, so in acute maladies there is a constant effort to rouse into activity the dormant heredi-

tary tendency to disease. We might extend this parallelism, but time will not permit. Therefore, with these hints we leave it for the consideration of those who are curious enough to pursue the investigation. While acute diseases arise from impression made from without, such as telluric influences, sudden atmospheric changes, over and improper eating, and are generally under the control of the recuperative powers of the system, chronic diseases are inherent in the constitution; they lie at the very foundation of the physical organism,—the constitution is defective in its incipient formation. Acute diseases are the result of a violation of the physical laws of life, and are never transmitted to the offspring; but chronic diseases are the result of a violation of the moral laws of life. They are acquired little by little, and are transmitted with as much certainty to the offspring, as are mental peculiarities. This inheritance, in various ways, acquires additional importance and power, in passing down through the multiplied generations of ages, until whole families are swept off by it. This we see manifested more especially in diseases of the lungs. The cure consists in a change to a greater or less degree of the physiological action of the whole organism, by specific remedies. This change can be effected only by a long course of homœopathic treatment.

This is the form of disease, gentlemen of the Institute, which we are often called upon to cure, in a week—a month, or at furthest, in a few months; and by those, too, who have exhausted the whole resources of the allopathic art, and thus made the disease worse by complicating it with the diseased action of drugs. If we are wise enough not to commit ourselves to such a promise, but frankly state the fact that it will require one, three, five or more years to perform the cure, our honest and truthful declaration is often construed into an implied acknowledgment that our art is unavailing. But it is better, far better, gentlemen, to protect the honor of homœopathia, by refusing to take charge of such cases, until the patient promises entire submission, either from an intelligent understanding of the transcendent powers of homœopathia; or from a conviction that all other means are unavailing.

When mankind trust less to the blind teachings of theorists and system-makers, and more to their own personal investigation of truth, by rational induction,—when all make it a point to study the laws of life and health, and to better understand diseases and

their cure, as matters pertaining to their own personal welfare ; then, by the aid afforded him by the patient, the office of the physician will be less arduous,—his prescriptions more sure in their aim, and, of course, more unailing in their consequences.

Thus, gentlemen, we have endeavored to show, first, both by analogy and experience, that there is a universal law of cure, and that this law is the homœopathic. Next, we have attempted to point out the true causes of failure, with homœopathic physicians, where a cure is not performed. We have seen that the cure sometimes fails, from the limited condition of the homœopathic materia medica ; and sometimes from a want of knowledge on the part of the physician of the true character of those remedies already possessed. But a far more fruitful source of failure is shown to be, the unenlightened condition of the patient, and his haste to recover.

If these points have been made sufficiently clear, the work before us, gentlemen, is obvious. The homœopathic law we may set down as a fixed fact—yea, a universal law of cure—unchangeable and eternal, as is the author of all truth. To search the archives of nature for the purpose of discovering a law to guide us in the choice of our remedies, we have no further need. This object has been gained. Hahnemann had the mental organization equal to the work, and his endeavors, under the guidance of Divine Providence, were crowned with success. Our attention now is to be directed solely to extending and perfecting the means of making this law universally available in the treatment of disease. In furtherance of this object, we must continue the work of perfecting our materia medica. In the true self-sacrificing spirit of Hahnemann and his co-laborers in this great work, we must submit ourselves to the sickening influence of drugs ; in the true self-sacrificing spirit of Christian philanthropy, we must immolate our love of self upon the altar of human progress and human welfare. In other words, we must not only be *willing*, but we must actually become sick, that we may obtain a knowledge of the means to make the sick well.

This is not a work which is to subserve the necessities of a day—an age—or a generation, only ; but it is a work which is to subserve the necessities of mankind in all coming time. When the allopathic materia medica shall be remembered and retained by the curious only as a memorial of the dark ages of medical science, the homœopathic will occupy an indispensable position, and one as posi-

tive and permanent in the wants of the race, as the simplest elementary rules of mathematical science.

A work of no less importance than the proving of drugs upon ourselves, is the arrangement of symptoms, thus obtained, into scientific order. Whoever shall do this, will take rank with the great discoverers of the world. Until this work is accomplished, let no member of the profession fail to give it his most earnest attention. We must not forget, that none but earnest and sincere seekers are permitted to enter the temple of truth. And no one should think himself beneath the possibility of becoming the medium of a truth of such magnitude—the instrument of a benefaction so immense to the race. Earnestness of purpose will accomplish much; and in the present struggle going on between the new and the old school of medicine—between truth and falsity, he who has not this energy of purpose to sustain him in the contest, had better not engage.

It is perhaps unnecessary to urge the importance of employing every opportunity to enlighten the public mind upon these three great points, viz.: the true nature of disease—the universal law of cure, and the necessary means to make that law universally applicable in the treatment of the sick. However well the physician may act his part, however perfect may become the homœopathic materia medica, both in extent and arrangement; and however proficient the physician may become in its use, without the co-operation of the patient—unless he is able to give an intelligible idea of his own symptoms, and knows enough of the true nature of disease to give each remedy its proper time to work, failures must of necessity follow.

Just in the degree that these three things are accomplished, viz.: the extension of the homœopathic materia medica to its utmost limits—its scientific arrangement—and the enlightenment of the public mind upon the whole science and art of medicine, in the same degree will the difficulties in the way of a successful issue in the treatment of disease, disappear.

With this broad field of usefulness before us—with consequences so momentous to the well-being of man, who of us, gentlemen, that has the love of human welfare glowing in our bosoms, will not enter heart and hand into this great work? A rich harvest, yet, lies before us, ready for the sickle—waving an invitation to the reapers; and he must gather instead of heedlessly trampling under foot, who

would merit, and receive the closing commendation of the great master, "well done, thou good and faithful servant."

What nobler object than this can animate us,—can enlist the faculties with which the Creator has endowed us? The comfort—the progress—the welfare of the human race is the end, and an approving conscience the reward.

HYDROCEPHALUS.

BY JOHN G. WOOD, M. D.

Among all the diseases which the younger portion of our community are afflicted with, none is so fatal as hydrocephalus, or inflammation of the brain. The mere mention of the disease will strike a chill upon every feeling mother. The public generally regard it as an incurable disease. And why do we wonder, knowing as we do, that not one case in twenty recover that are attacked with it. And why is this? Is it because physicians do not understand the nature of the disease, its progress and developments? No, they will accurately describe the disease and enumerate every symptom attending it. Nevertheless aver that it is incurable, and every child that is attacked with it must die. Thus leaving the afflicted community to condole their condition, never to be swayed by medical art.

I shall not attempt, in this short essay, to describe the pathological changes and anatomical lesions of this disease, but will mention some of the causes which tend to its production, taking into consideration the great susceptibility to impressions in consequence of the large mass of brain, and the readiness with which the balance of circulation is deranged, consequent upon its great vascularity. In young children, teething is a very productive cause, blows upon the head, overloading the stomach, and in fact, the slightest irritation of the system generally, will, in cases where there is a predisposition, cause it to be developed.

The symptoms that first make their appearance, is an unusual degree of acuteness in the sensation of the child, sudden starting while asleep, usually with crying out, afterwards a low moaning, sometimes grinding of the teeth, and a rising, choking sensation; pupils dilate and contract rapidly, pulse normal, little or no heat in

the head, vomits frequently, sometimes cannot retain any thing upon the stomach.

The physician is seldom called at this stage of the disease; and if he is, considers these symptoms trifling, and prescribes accordingly; perhaps considers it a gastric derangement, or in common parlance, worms; and if the child be costive, gives something to relieve its bowels, otherwise, something to quiet the little thing. But the disease progresses slowly and insidiously, until the attention is arrested by symptoms more formidable. The child lays in a stupor, eyes half closed and rolled into their sockets, retention of urine and constipation; sudden brightening up of the features, with a corresponding collapse; sudden clenching of the hands, with throwing the thumbs across the palms, and a partial spasm, full throbbing pulse, with perceptible pulsation at the fontanel. Then the physician sees what he has neglected, and pronounces at once, his case incurable, and the little sufferer grows worse day by day, until actual spasm supervenes, and puts an end to its suffering.

Under ordinary circumstances, if taken in season, the progress of the disease can be arrested. The brain being susceptible to all impressions, it must necessarily be to the effects of medicine, and if the appropriate medicine be given, why shall we not expect as good effects from it, as much as in any other disease.

I am well aware that there are cases where there is a hereditary predisposition to inflammation and tubercular deposit, and in such cases, should not always expect to effect a cure. But in ordinary cases, I consider it just as manageable and curable as any other disease.

During the past year, I treated thirteen cases, and with success in all save one. The mode which I have employed, is to keep the head cool by means of showering; this I prefer to putting ice upon the head, for in the latter case, it only produces effect where it is applied. In showering, all parts of the brain receive the same degree of cold and then reacts; care must be taken, however, not to let a full and entire reaction take place before showering is again performed; and in so doing, a healthy action is brought about; the head must be showered until entire coldness is produced, and the capillaries contract and expel the blood; to produce this, it usually takes somewhere from twelve to twenty-five minutes. The medicine that are usually indicated first, are Aconite Cham. Bell. &c. The

remedies that have served best in my hands, are Belladonna, and Helleborus niger, sometimes in alternation and alone, as is indicated.

Stramonium and Ignatia are indispensable when spasms occur. Stram. is best indicated in spasms, with clenching of the fingers and drawing up of the limbs, Ignatia with striking of the limbs. I have found Zincum metallicum useful when there is paralysis of the brain, which usually occurs just before effusion takes place.

I will, for illustration, cite two or three cases, which it has been my lot to treat. About a year since, I was called to see a child about three months old. It was treated first by an allopathic physician for what he considered to be the bowel complaint, the evacuation being frequent and watery, but with little success; the child grew worse, which led him to investigate the case more fully. He then considered rationally, the disease to be in the head, and at once pronounced the disease incurable, and left the little sufferer without any treatment. Three days had elapsed when I was called. The condition of the child at this time, as we may justly suppose, was desperate. It lay in a perfectly insensible condition, eyes partly closed and rolled into the head, and covered with a sero-purulent matter, pupils much dilated, fontanels full and throbbing, limbs cold and useless, respiration slow and feeble, sordes upon the teeth and lips, the evacuations had ceased within the last twenty-four hours, had not passed water for three days, nor taken nourishment for the same length of time. As the little patient had been left to die, and for three days they had been watching to see it draw its last breath, I could do no less than to try, without, however, any degree of hope of its recovery.

I ordered first for the child to be put into a cold bath to which it seemed perfectly insensible; I then gave it Acon. for six hours, to quell the febrile action, and the head to be showered. The child being laid on its back, a small stream from a pitcher was poured upon its head slowly, for fifteen minutes; about an hour's time was allowed to elapse, when the showering was performed again. I then prescribed the Tincture of Belladonna and Helleborus nig., in alternation, every half hour, in proportion of two drops to an ounce of water; the showering to be continued every two hours. This was continued for two days without any apparent alteration, thus leading me to think that there might be a partial paralysis of the brain, for which I gave Zincum met. ʒd trit. a powder every hour,

at the expiration of six hours. When I again saw the child, there seemed to be a decided impression made upon the whole nervous system. Shortly afterwards, spasms occurred for which I gave Ignatia, 3d in water, every hour during that night. In the morning I found the spasms had disappeared and the child seemed no worse. I again administered Helleborus alone, in water every half hour, and great was my satisfaction; the child grew better rapidly, and recovered, is alive, and as well now as any child need be.

I was called about two months since to see a child suffering from the same complaint, or what would be thought a more chronic case. Child of a peculiar scrofulous diathesis; large head and eyes, osseous system poorly developed, digestion and nutrition poorly and improperly performed. Had been sick some three weeks, and attended by an allopathic physician. The child grew worse and spasms ensued. The integrity of said doctor would not permit him to go further without informing its parents of the infallible result, upon which they requested a consultation; he did not object, but gave them leave to employ any physician they choose.

Upon visiting the patient I found it in a perfect comatose condition; pupils much dilated, would not contract at the approach of a lighted candle. Had chronic constipation; never has any thing passed its bowels with the aid of a cathartic; had not passed water for four or five days; fontanels full and throbbing. This I treated in the same manner: showered the head, gave the Belladonna and Helleborus in alternation, as before described. The child began to mend immediately, and has recovered from all immediate danger. I have given since, Sulphur, which has relieved it of its costive habits. It is now taking the Carb. of Baryta to free it from the disposition to tuberculous deposits. I could cite more cases of much importance in this connection, but will desist from further remarks, leaving my medical brethren to judge of the utility and practicability of this treatment.

I would remark that constipation is not a constant symptom. I have, within the two years past, seen several cases of water upon the brain, which the physician mistook for Cholera Infantum, until spasms actually occurred.

OBSERVATIONS ON ASTHMA.

BY DR. GABALDA.

Translated from the French by W. Geib, M. D.

(CONTINUED.)

WE will first notice the labors of M. Louis, found in the *Mémoires de la Société médicale d'observation*.

What distinguishes the description which M. Louis has given of emphysema, is the great simplicity to which the subject finds itself reduced: a lesion, and the symptoms which directly belong to it, comprise all that facts have taught that observer. Laennec, in supplying the history of asthma in that of emphysema and dry and pituitous catarrh, at least pointed out the mutual relations of those affections. M. Louis has seen nothing similar in the facts presented to his observation; at least he makes no mention of it. Let us judge from his account. "Emphysema makes its appearance at various periods of existence, often in earliest infancy, by a dyspnœa more or less troublesome. The patients have never been able to run as fast as their comrades, nor partake in all their sports, being quickly out of breath. Quite often, too, the oppression does not appear till much later, sometimes alone, sometimes accompanied with cough. Once commenced, it continues either in the same degree for one or more years, or increases with more or less rapidity; presenting in many subjects, and at intervals, a sudden and violent aggravation; so that, being in bed, the patient finds it necessary to hasten to a seat or to the window for breath. These paroxysms occurred sometimes without apparent cause, were usually excited by a simple, acute pulmonary catarrh, or grafted on a chronic pulmonary catarrh; declined and then disappeared with it, continuing one or more days in succession, in different degrees. Seldom making their first appearance with the affection, appeared at a certain period to be inseparable from it, and generally increased in force and frequency as the patient advanced in age. They were usually accompanied with palpitations, in a great number of cases became continuous, and œdema of the lower extremities was frequently then observed, which often disappeared with the attacks of dyspnœa.

"To these general or fundamental symptoms (symptômes rationels)

were joined local symptoms, whose existence could not leave a doubt of the diagnosis of the disease, already sufficiently well characterized by what precedes. The conformation of the chest was altered; the thorax more salient on one side than on the other, and of variable extent; percussion was more sonorous than in the normal state, and the respiratory murmur (bruit) on the contrary more feeble. Also, frequently, a sifflant rale was heard in other parts of the chest," &c. The remainder of the description denotes the state of the forces, of the appetite and the flesh, and explains the vesicular lesions of the lungs.

We shall have to recur to this last point, as well as the discovery of M. Louis concerning the deformity of the thorax in emphysema. For the present it will suffice to show that the statistics of our time, by a more vigorous application of anatomy, have not at all enriched the description of the malady under consideration, and that they have on the contrary singularly contracted the field of observation.

Another observer, M. Beau, while moving in the path laid out by Laennec and M. Louis, has just introduced a new element into the discussion. In his opinion, "it is the mucous embarrassment of the bronchial tree, which is the sole cause of asthma. Emphysema is only a secondary phenomenon and not primitive, as M. Louis would have it. *Henceforth asthma is nothing more than dyspnœa, developed by the bronchial catarrh, with a secretion of dense mucus.*"

The bronchial catarrh and the mucus furnish an explanation of all the symptoms.

"The production of emphysema," says M. Beau, "results as M. Laennec thinks, from the fact, that the air which has entered freely into the bronchial tubes has difficulty of egress, and consequently inflates the pulmonary cells. But this accumulation of air does not depend on functional weakness relative to expiration, in consequence of which the air in its egress is not able to overcome the obstacles which did not interrupt its introduction. If expiration is more difficult than inspiration, it comes from obstacles more numerous and difficult in the former than in the latter, on account of the greater diminution of the obstructed points during the expiratory action of the lungs, so that this circumstance, as we have seen, explains why the râles vibrants are more numerous in expiration than in inspiration, and why the expiration of asthmatics is longer

than the inspiration, and gives us now the true reason for vesicular emphysema." * (Beau, *Archiv. génér. de médic.*, 1840.)

Thus, according to M. Beau, the primitive phenomenon, the principal fact, which governs all the others, is the bronchial affection; the emphysema is only its consequence.

M. Louis has victoriously refuted this mechanical theory of M. Beau, by making it evident that there is not the least affinity between the dilated cells and the pulmonary catarrh.

"In fact," he says, "the greatest dilatation of the air cells is observed at the anterior part of the lungs, and especially at the outer edge (le bord tranchant) of those organs, while the seat of bronchitis is more especially in the posterior part."

The arguments by which M. Beau has endeavored to support his theory, do not appear to us able to bear a serious examination. It is difficult in fact to understand how any mucus, dense as it may be, could resist the expiratory efforts, and present an obstacle to the escape of air; and still more difficult to comprehend how the latter* in expanding, happens to distend the pulmonary cells, rather than to displace the collections of mucus.

But it is not emphysema alone which, in the theory of M. Beau, is found dependent on bronchial catarrh. It is the same with all the other symptoms of asthma; though it is a question if there is any real identity between bronchitis and asthma, and that it does not therefore become useless to preserve the latter term.

Time has already done justice to the assertions on which M. Beau's theory reposes. We, therefore, deem it useless to revive its errors.

Let us leave the organicians to refute each other. For our part, we will content ourselves by observing, that it is in giving to the word asthma the signification of dyspnœa, that M. Beau has been able to make his paradoxes appear somewhat specious. But if we give to that term its true sense, and use it to express a species of morbid affection, we immediately see how simple, even how ridiculous it is to undertake to designate a malady so complicated as asthma, by "the presence of mucus, more or less dense in the bronchia."

Such is, at the present time, the state of the question. The ideas emitted by Laennec, and reproduced with modifications, more or less

* I would take the liberty of inquiring in turn of the author, on what principle the air *expands* in the lungs?—[TRANSLATOR.]

felicitous, by MM. Louis and Beau, still have almost exclusive sway. Asthma, that malady so frequent and remarkable, the distinctive characteristics of which are so exactly determined, has no longer a place in the nosological catalogue.

For the greater part of the doctors of our time, emphysema is the constant cause of asthma; for others, the cause is more frequently a catarrh or bronchitis; but with both, asthma is no disease, but only a symptom, finding its proximate cause and its explanation in an organic lesion.

For our part, after having shown the inconveniences and abuses of this manner of viewing it, we would restore asthma to the place it has always occupied in medicine. We proceed to take up and complete its history. In place of substituting emphysema or catarrh, which are only lesions of the malady on which they depend, we will assign them the part which they really play in asthma. In this way, and without sacrificing any thing of our principle, we shall be allowed to use the facts with which Laennec's important discovery has lately enriched the diagnosis and pathological anatomy of this disease.

Thus it is, that in a science well constituted, and whose method offer some certainty, new discoveries are brought to add to the facts already known, without destroying the base, or upsetting the system on which they repose.

CHAPTER II.

THE FORM OF ASTHMA.

We shall designate three forms of asthma: 1st. The periodical form. 2d. The common form, in which asthma, after having been periodic becomes habitual. 3d. The habitual form of attack, (*d'emblée*.) These three forms appear to us to embrace the ensemble of the facts; furthermore, each of them presents a character sufficiently distinct to prevent their being confounded in the same description. Before proceeding to the study of these three forms of asthma, we deem it necessary to say a word on the names we have given to them.

These names represent for us only one of the characteristics of the form, and not the whole. So that all objection referring to the fact, that in the habitual form there are symptoms like in the

periodic form, that this or another affection is common to several forms, &c., is entirely without value. In fact, at least, to imagine new denominations which may express in a single word, all that we have to say on each form in particular, the most absurd of all the pretensions, we could not proceed otherwise than we have. It is not the question to know whether the forms we have established are well-named or the contrary, but more to know if the history of asthma, so divided, is at once conformable to the facts, is more methodic and more practical than a description en masse, which from applying to all, ends by referring to nothing with precision.

We repeat it, that is the whole question. Those who can be offended by the names of the forms common, periodical, habitual, will substitute, if they choose, the numbers one, two, three; which will have the advantage of relieving us from vain disputes about words.

1. *The Periodical Form.*

Periodical asthma is ushered in by attacks of dyspnœa, which manifests itself at longer or shorter periods. These attacks, severe as they may be, leave no traces behind them, nor during their access is there any symptom or indication of the disease. It is thus during the whole continuance of periodical asthma. This is the distinctive character of this first form.

Periodical asthma is to be seen in all ages. It is sometimes developed without an apparent cause; at other times, on the contrary, it is caused by etiological circumstances sufficiently apparent; such as a cold, change of habitation, a lively moral impression, &c. It is quite frequently hereditary.

Its debut, generally sudden and alarming, is not announced by the prodromes of which we shall have to establish the existence, somewhat constant in the common form. However, we sometimes observe precursory phenomena in the form now under notice. During the day which precedes the attack, the patient feels a slight headache, a little uneasiness, a slight dyspnœa, and some flatulence after dinner.

Whether these precursory symptoms occur or not, the attack generally occurs during the night. The subject is generally suddenly awakened by a sense of suffocation, and finds himself at once the victim of a violent dyspnœa. He immediately assumes a sitting

posture, and throws off all his covering, and even his clothes, as they become an insupportable weight. They are seen to support themselves on their elbows and hands, and to seize on objects to aid the respiratory efforts. In spite of all their efforts, the suffocation appears to become more and more imminent. They leave the bed, throw open the window, and seek with avidity the impression of the external air. The dyspnœa goes on increasing. Inspiration is short; it is effected by a sudden contraction of all the inspiratory muscles. To this inspiration succeeds a slow expiration, which is difficult, much more lengthened than the inspiration, but by which, however, the lungs do not appear to be completely emptied. A tracheal hissing is heard in both, but more marked in the second movement of respiration. Speech is short and difficult, sometimes impossible, and interrupted at every moment to take a fresh breath. The neck of the patient is extended, and appears swelled. The head is held high. The face is generally pale, except the cheek bones, which in some have a deep red color, and the lips, which are livid. The nostrils are dilated, the eyes projecting, and widely opened. Drops of sweat occupy the forehead, temples and neck. The subjects complain of a lively pain below the sternum, and a circular constriction at the base of the thorax.

With some a troublesome cough, almost continual, is joined to the preceding phenomena. This cough is not followed by expectoration; it produces no other result than to increase the intensity of all the symptoms which I have just enumerated. Most generally in the attacks of periodical asthma, there is none or nearly no cough.

The pulse is small, feeble, unequal, and sometimes intermittent. The feet, hands, nose and ears, lose their heat. The symptoms preserve their intensity till morning, and when day appears, they sensibly diminish. In some patients they are seen to disappear rapidly, and even entirely. During the decline of the dyspnœa, the cough when it exists, becomes less frequent and painful, and it is then sometimes followed by a limited expectoration of thready sputa, of not much volume, and no consistence. Some patients discharge also at the same time, a large quantity of limpid urine.

After the symptoms have entirely subsided, the sick experience through the day that follows, a sense of fatigue and prostration, and a peculiar susceptibility. They then renew their habitual occu-

pations, without retaining any more of their disease than the recollection of the sufferings which they have experienced.

But an attack of periodical asthma is far from being always as short as I have just described it. When the attack is prolonged, in place of entirely disappearing in the morning, it only remits to a greater or less extent during the day, and in the following night resumes all its former intensity. Things may continue in this state a certain time, and the attack of periodical asthma with its nocturnal paroxysms and daily remissions, may have a duration of several days, weeks, or months. When it is thus prolonged, new symptoms are to be noticed, such as declining in flesh, flatulence of the intestines, which torments the sick, especially after a meal; loss of appetite, difficult digestion, and sometimes even a slight access of fever at night.

The dyspnœa increases from night to night, and causes continual insomnolency.

All these phenomena, with their intensity and continuance, plunge the victims of asthma in great suffering. Finally, at the moment of their greatest apparent danger, the difficulty of respiration passes off suddenly, and the patient is immediately restored to health. I have said that an attack of asthma, makes its appearance at night. It is indeed most generally the case; but it is not always so. It occurs sometimes during the day in a striking and sudden manner. This peculiarity is observed especially in those patients, who are only attacked when they change their habitation, when they arrive at certain localities, and when they find themselves subjected to certain odours.

The number and frequency of the attacks is very variable. Years may pass without the least show of asthma; in other cases it may reappear in a few weeks. Besides, as the return of the attacks may be subject to occasional causes, it will be seen to be difficult to determine any thing positive in that respect.

Frequently enough, the attacks of periodical asthma, as is vulgarly said, *s'usent à la longue*; they gradually diminish, pass off, and entirely terminate. In a word, periodical asthma may be spontaneously cured by age. A co-existing disease, a pneumonia, for example, appears sometimes to aid this happy termination. At other times the asthma persists to the death of the subject, without always hastening it. In some cases the attacks become more and

more violent and proximate. Sometimes we find patients in whom the asthma alternates with other affections, as hemorrhoids and tetter.

2. *Common Form.*

The common form of asthma presents, like the preceding, periodical attacks; but in addition, we have to notice in this form an habitual dyspnœa. Besides, the attacks of the common form are always accompanied by bronchitis, which has caused it to get the name of catarrhal asthma. It commences in two different ways, which leads us to notice two varieties in this form.

The first variety often manifests itself in childhood, by dyspnœa, which is only first felt by the child after some violent exercise. These children are *short breathed*, and are unable to join in all the games of their comrades. They present besides a great liability to mucoid bronchitis. They easily take cold, and during its access the dyspnœa increases. This is more marked at night than in the day, and is accompanied by a tracheal sifflement. In its course, the habitual dyspnœa increases, and the attacks, accompanied by bronchitis, become stronger and more frequent.

The second variety of the common form commences by an attack that has not been preceded by habitual dyspnœa. Most generally it follows a chill or a fatiguing walk. It lasts generally several weeks, or it may be several months. The first attack presents itself in the form of a cold or a bronchitis. The patient, and even the doctor, thinks at first that a catarrh is the whole trouble. But the true nature of the malady is soon indicated by the greater degree of dyspnœa, which increases suddenly, especially at night, the progress of the affection, which presents alternate exacerbations and remissions, and by the continuance of the symptoms. Some months after this first attack, and more especially at the begininng of winter, a second one supervenes, which ends like the first without any perceptible effects, but soon the attacks approximate, and no longer present the same regularity in their return. Further, there is an habitual dyspnœa which annoys the patient even in the interval of the attacks, and an habitual hoarseness which imparts to the voice a harsh and smothered sound.

The phenomena which I have just enumerated will suffice to characterise the common form of asthma, and to distinguish it from the

periodic form ; but there are others which I will report, and which will make the distinction between these two forms still more exact. I would speak of the symptoms which precede the attack. Flayer, who has observed them in himself, has made a tableau of them sufficiently complete. "In the afternoon preceding the attack" says this author, "about two or three hours after eating, the majority of asthmatics feel a great oppression or fulness at the pit of the stomach, which is then filled with wind, attended with insipid eructations. This fulness of the stomach is the first sign of the approaching attack. It is felt before there is any cough, or oppression of the chest. This swelling of the stomach is followed by disturbance of the circulation, and this variety of asthmatics find themselves incommoded by what is heating, as fire, wine, tobacco. All refreshing drinks, on the contrary, as water, ameliorate the fulness of the stomach. The head is very stupid, with some pain ; there is much drowsiness on the night preceding the attack, and often much gaping. At the approach of night, the patient voids a large quantity of pale urine. The limbs are heavy and incapable of movement. He already experiences a dyspnœa pretty well marked, and has besides a little hoarseness. There is generally before the attack a convulsive cough, followed by an expectoration of viscous sputa." (*Flayer, Tr. de l'asthmæ. p. 6, et suiv.*)

Towards midnight, the patient is suddenly awakened by a sharp fever, an imminent sense of suffocation. He immediately sits up, and during the whole remainder of the night, he is a prey to an intense dyspnœa, accompanied by long and painful fits of coughing, not followed by expectoration. In the morning the dyspnœa subsides, the cough is less troublesome, and is then followed by an abundant expectoration. It is not, however, to this last phenomenon that the decrease of the dyspnœa may be attributed ; for, according to the remark of Flayer : "*The oppression ceases before the patient has spit much, which would not happen if it was produced by the abundance of the phlegm.*"

According to the same author, at the end of the paroxysm is discharged a high colored urine, depositing a sediment, and is precisely like what is voided in a fever. This remission, which takes place in the morning, is far from being complete, as it generally is in the periodical form. During the whole day, the patient is tormented with dyspnœa and cough. These symptoms, it is true,

are less marked than during the night; but the least accidental cause, such as the impression of air, the effect of smoke, the act of ascending or running; a moral impression will bring them on, and give them a new intensity. The following nights, the exacerbation of the symptoms does not fail to return.

Besides these symptoms I have just enumerated, the patients feel a tickling or a scratching in the larynx, and a burning heat in the sternum, which continually excites the cough. The voice is hoarse and smothered. Speech is difficult, and interrupted by the want of breath. A tracheal wheezing, which is heard at a distance, accompanies respiration and the emission of the voice.

The sick complain of painful stitches in various parts of the chest, sometimes under the sternum, sometimes in the lateral regions, sometimes in the range of the shoulder blades. In the first attacks, these painful stitches are not well defined, slightly marked, and possess a certain mobility; later, on the contrary, they are more intense and become fixed. I will soon show that when they assume this last character, they are generally the sign of a pleurisy, symptomatic of asthma. Besides these pleuritic stitches, the sick feel a painful constriction at the bottom of the chest.

But the symptoms of asthma do not stop here. Digestion experiences difficulties which I have to point out. Almost always, or at the commencement of the attack, the patient vomits, and while the dyspnœa continues he is tormented by considerable flatulence. The mouth is bad, appetite diminished and digestion difficult. After eating, he is generally drowsy, especially at night. There is rarely any fever. The pulse is generally small, rather hard, and now and then intermittent. The hands and feet are habitually cold, and they are with difficulty warmed. It is not rare to observe swelling of the lower extremities. This swelling subsides with the attack.

When asthma has become habitual, it is sometimes complicated with a very general anasarca.

The face is pale and somewhat bloated. The lips are bluish or violet color; the eyes large, open and projecting, especially on the increase of the dyspnœa.

These symptoms continue with the same alternations of incomplete remissions and exacerbations during sometimes a very considerable period, for some attacks of asthma continue for a whole

season. As the patient advances in life, the paroxysms approximate, as I have said, and the habitual dyspnœa becomes more and more intense.

When the common form of asthma has lasted a certain time, and is accompanied with bronchitis more or less intense, and often repeated, as also habitual dyspnœa, it is not very uncommon to observe hæmoptysis. This symptom which has not been noted by any author, in the malady under consideration, is very important to know, for it exposes the physician to very serious errors.

The hæmoptysis of asthma does not always possess the same character. Sometimes the expectoration is mixed with more or less blood, during the whole of the exacerbation of the accompanying symptoms. Sometimes a large quantity of blood is expectorated in a few minutes as happens in phthisis. In every case the patient is much alarmed by the symptom, and it is important the physician should be apprised of its existence in asthma, that he may discover its origin and not be led into error. I insist on this point, because I have witnessed more than one example of an erroneous diagnosis occasioned by a symptomatic hæmoptysis in asthma, and which had afflicted patients with phthisis who never had it. An attentive examination of the symptoms, and the cause of the malady and the signs furnished by auscultation and percussion, will always enable us to avoid such errors.

Such is the common form of asthma, in its ensemble. This form presents to the student several varieties, which one cannot explain except with the condition of writing a full essay on the subject. We have only aimed to exhibit the common characteristics and principal features of one form, which will be recognised, if not entirely, at least to a great extent in all the varieties which depend on it.

3. *Habitual form (d'emblée.)*

The third form of asthma which remains to be described, is known by practitioners under the name of *humid asthma*, or the asthma of old persons. It is only observed, in fact, in a pretty advanced age, and when it has once manifested itself, it continues without interruption and ends in the death of the patient.

It generally begins with an acute catarrh of a certain intensity. At the end of some days the febrile symptoms which accompany

this catarrh disappear, but the cough and expectoration continue, and are attended with an habitual dyspnœa of a particular character. This dyspnœa, quite bad from the beginning, is remarkable for the regularity of its paroxysms. These return every night, more severe in cold and wet weather; and more endurable when it is pleasant. Besides these particular characteristics the dyspnœa of habitual asthma present those which we have noticed in the other forms: inspiration short and convulsive; expiration prolonged and difficult, wheezing in the trachea, &c. Patients affected with this form of asthma spit a great deal. The matter expectorated consists of a sputa which is mucous, greenish yellow, voluminous, homogeneous, and with a ropy serosity, frothy on the surface. You find in the spittle of such subjects a kind of froth on the surface, under it a ropy albuminous liquid, and then at the bottom of the sputa, portions of dense and adherent mucus. These latter are sometimes disposed to be like large cooked vermicelli, and appear to have been moulded in the bronchial ramifications. It is in the morning the expectoration is most abundant, and it is then especially that the subject ejects large mucous sputa. During the night, however, this expectoration is suppressed. The patients then have long and troublesome coughs which are followed only by a little ropy liquid. All these augment rapidly in intensity; also when habitual asthma has existed for some time, its subjects are almost doomed to an absolute repose. The least exercise a little fatiguing, especially the act of climbing an elevation, determines an increase of the dyspnœa and fits of cough interminable.

The pulse is habitually small and weak; the extremities are cold, the face is pale, and presents an aspect more or less marked with anxiety as the dyspnœa may be more or less intense. Occasionally a moderate febrile movement is observed, which returns at intervals every night, and which may cause much embarrassment in the diagnosis. This febrile movement may indeed become more serious, and somewhat of a continued type. This really happens in the complications of habitual asthma which remain to be noticed.

These complications consist in inflammation of the mucous membrane of the bronchia, accompanied by congestion of the pulmonary parenchyma which essentially increases the danger of the patient and may cause death. The inflammation is not always confined to the mucous lining of the bronchia; it sometimes invades the paren-

chyma of the lungs, and then the complication is still more serious. Besides acute pneumonia, the kind most frequently seen in these cases, quite frequently there also supervenes a chronic inflammation of the lungs, of which I will explain the particular character when giving the pathological anatomy.

This form of asthma is incurable; and when it endures a long time, without a fatal termination from one of the complications just noticed, the patient falls into a peculiar cachectic state. They rapidly decline in flesh to a certain extent, but never as far as marasmus, as Laennec has remarked.

New symptoms are joined to those we have already noticed. They consist principally in disorder of the circulatory apparatus: these are palpitations, irregularity in the pulsations of the heart and pulse, swelling of the inferior extremities, ascites, and anasarca. These symptoms are sometimes made to depend on lesions of the orifices of the valves of the heart, (lesions which in this case are complications of asthma) but they may very easily exist without that cause, and have no other reason for their existence than asthma itself and the lesions of the lungs which accompany it. Be this as it may, these new phenomena help to increase still the torture of the inspiration and to aggravate the state of the patient. If at this period one of the complications should occur which we have noticed, it generally causes death. The autopsy then exhibits a bronchitis, and considerable swelling of the lungs: or it may be a pneumonia, and sometimes all the lesions united. Besides the respiratory organs are emphysematous, either entirely or in part.

Such are the symptoms that characterize the form of asthma we denominate habitual d'emblée. The form of the disease we are now noticing is much more a fact admitted, so to speak, by the sentiment of practitioners, than a morbid variety recorded by authors. Many of them, in fact, have spoken of humid asthma of old people, but have not given a regular picture of the disease.

The existence of this form did not escape the notice of Laennec, as we have already remarked. It is what he has written under the title of pituitous catarrh.

DEFENCE OF HAHNEMANN.

A Review of the Doctrines of his Opponents in a Series of Letters to James Kitchen, M.D., by W. Geib, M.D.

LETTER I.

Having promised you an abstract review of Dr. Hempel's new work, entitled "*Organon of Specific Homœopathy*," I beg the favor of you to accept it in a series of epistolary communications; as this form, which allows the use of Ego without the imputation of egotism, may aid somewhat in facilitating a rather difficult undertaking.

The advent of a new *Organon* in our cherished medical system of Homœopathy, from an author too who has earned by his labors no small share of fame in our literature, is well calculated to excite the curiosity and also the interest of all the disciples of the new school of medicine. And as it promises to be an expose of the abuses as well as beauties of our system, with the implied possession of all the knowledge and wisdom necessary for the performance of so desirable and difficult a task, the extensive circulation which Doctor Hempel's work has already had, among the inquiring votaries of the old, and the friends of the new school of medicine, was to be expected.

At the threshold of this investigation we are presented with a very significant innovation in our accustomed theory, in the term *specific homœopathy* in the title of the work; which savors enough of radical difference with the original fountain of our science, not only to excite the curiosity of its readers, but also to arouse the friends of our immortal master, to a review of his own admired and long cherished doctrines.

You have no doubt noticed that opposition to Hahnemann's theory and practice, in some important and radical points, constitutes a prominent feature in this work. The same opposition is to be found in a late work from the Paris press, from the pen of Dr. A. Teste. Also other changes in our therapeutics, favoring generalizing principles, very different from any thing to be found in the works of Hahnemann, are to be seen rising up in rebellion against the old and accepted government of our practice, as it came from the sagacious mind of the sage of Coethen.

With a view to making my labors as profitable as may be in the letters I propose addressing to you, should you think proper to make them public, it is my intention more to defend the doctrines of Hahnemann, than to write a critical notice of the works of his opponents. Therefore, what may not in my estimation involve a consideration interesting to the student or practitioner of homœopathy, will remain unnoticed either for its excellence or errors.

To begin with Dr. Hempel's Introduction, we reach p. 11, at the end of a preliminary apology, and find the first declaration of his principles for predicating the diagnosis and cure of disease: and these accord so closely with Dr. Teste on the same subject, that the credit of both might, with apparent propriety, be awarded to one; a fact only interesting as showing that opposition to Hahnemann may in some cases be infectious, or may occupy justifiable ground.

This is designed as a first blow in this work against Hahnemann's doctrine of the identity of symptoms and disease; a doctrine which regards the former as the only phenomena of disease on which a rational physiological diagnosis can be based for the accurate indication of a therapeutic agent.

Our author seems to have become fatigued and disappointed with the long prevailing method of adapting our remedies; although it has, for more than half a century, poured out the blessings of homœopathy on a suffering world, and converted a host of learned and astute observers, to the doctrines and practical system of Hahnemann. He therefore proposes to place our therapeutics on a more rational ground. You will agree with me, sir, that such a proposition must be regarded as highly interesting to the disciples of our school, and that it is well calculated to give to the prospective labors of our author, a very high position.

As furnishing an opening to the opinions of Dr. Hempel and his style of treating his subject, I quote from pp. 11 and 12 of his *Organon of Specific Homœopathy*: "For years past, it has been my opinion that the existing practice of homœopathy did not by any means, realize its claims to the character of a clear, positive, and certain science; that the Homœopathic *Materia Medica* is filled with a number of unreliable and, therefore, useless symptoms; that a number of substances have been introduced into the *Materia Medica* which are not, properly speaking, drugs, and cannot there-

fore be treated as remedial agents in the common acceptation of the term; and that the high purposes of our art, and the interests of our patients require a simplification of the materials with which the homœopathic physician has been obliged to work heretofore. homœopathic physicians who treat diseases strictly by the book, and as they suppose, in accordance with the symptoms, use half-a-dozen, or even a dozen medicines where other homœopathic physicians, who have fully mastered the spirit as well as the letter of their doctrine, will achieve the same results with one or two medicines only, in much less time, and in a much more thorough, safe, and agreeable manner. And this simplification may extend over the treatment of almost every disease which is spoken of in the books; so that from thirty-five to forty remedies seem amply sufficient to satisfy all the demands of a truly rational Homœopathic treatment."

The facts presented in this quotation, are as follows:

1. Homœopathic practice as heretofore pursued, is not scientific.
2. The *Materia Medica* is crowded with useless matter.
3. The reduction of our catalogue of remedies is called for by the interest of our patients.
4. Doctors who refer to books and treat symptoms, uselessly multiply remedies.
5. Doctors who understand the physiology of disease, and predicate their prescriptions on the "spirit" of the malady to be treated, as well as on its objective phenomena, use only one or two remedies, and with more success.
6. This theory is applicable to all diseases found in homœopathic books.
7. A catalogue of forty remedies is large enough for a rational practice.

As the introduction of a work is a programme to its practical matter, I will proceed in this letter to give you a synopsis of its contents, which will render the opinions of our author more accessible, and bring them more plainly to view.

The next two pages are evidently designed to administer an *antipathic* dose to his publishing friends, against the morbid influence calculated to result from his hostility to the book business, to be apprehended from his spiritualizing doctrines. The labor here assigned the student of homœopathy, both in quantity and quality, contrasts strangely enough with his previous recommenda-

tions. He advises him here to acquire a perfect knowledge of the *materia medica*; referring no doubt to the big book, the *symptomen condex*, which certainly contains a good many more than forty remedies, with a preface too of no little notoriety. Also to study the *materia medica pura* and chronic diseases. To learn to *appropriate* the "*immense* number of symptoms detailed in those books," that *they* may become "*useful guides*" in the treatment of disease. To study Hufland, Schoenlein, Watson, Canstatt and others, and learn the "*juxtaposition*" of pathogenetic and pathological phenomena.

But, continues our friend, "*as this is the business of a life-time*," it is desirable, *ad interim*, that he should enjoy the benefits of homœopathy; and *for this purpose*, Dr. Hempel has embodied *the results of his own experience*, in the *Organon of Specific Homœopathy*; the doctrines of which, he says, may startle the *blind* and thoughtless followers of the beaten track, but will recommend themselves to the enlightened friends of medical science, and more particularly to the *honest* adherents of our school.

I cannot forbear a single passing remark on this singular declaration of our learned friend. He says his doctrines are calculated to startle the blind; but it really appears reasonable to conclude, that those who have their eyes the widest open may be startled the most.

The motives for writing the *Organon of Specific Homœopathy* are next enumerated, p. 13, and I present them again in a numerical arrangement, to facilitate future reference.

1. My great object is to benefit the sick.
2. To simplify the treatment.
3. To make homœopathy popular.
4. To make the treatment positive.
5. To make it more accurate.
6. To clear the rubbish out of the *Materia Medica*.
7. To aid in exalting medicine as a science and an art.

The Doctor is certainly bent on reform; and when he threatens to clear out the *rubbish*, it is manifest he harbors no idle or passive propensities.

This notice, p. 14, of what he denominates a clique of symptom hunters, has so strong a bearing on the promised usefulness of his work, that it claims to be quoted in *extenso*. "It must not be supposed that I am alone in my condemnation of that senseless

agglomeration of pretended symptoms, which a few superficial, conceited and self-styled leaders of the homœopathic school are constantly engaged, with a sort of phrenzy, in conjuring up in their deluded and intoxicated imaginations, and crowding into the homœopathic materia medica to the detriment of our own art, and to the annoyance of all conscientious and devoted practitioners."

The Materia Medica or pathogenesis of our school should certainly be a sacred depository of nothing but the confirmed truths of our system of medicine; and I think you entertain the opinion in common with other regular and judicious practitioners of homœopathy, that no remedy or proving should be admitted into our books of practice unless it has been fully confirmed *ab usu in morbis*.

When our author says, p. 16, "I give this work to the public as an exposition on the basis of inductive reasoning of the specific Homœopathic healing art," we are naturally led to believe that our curiosity to know what is meant by Specific Homœopathy is now to be gratified. That the author's *modus agendi* in adapting his remedy to the disease, predicated on the "spirit" of the morbid phenomena, is about to be revealed.

But either wilfully or from some other cause, our friend leaves us, at the end of his introduction, still in the dark on this paramount principle, this *essence* of his reformed practice.

From his quotations, however, p. 17, he would seem to make it identical with Hahnemann's specific action of medicine, and the sagacity of the physician, to depend on his comprehension of the "animus" of Hahnemann's teachings.

But we are again placed in doubt, by his remarks on Ipecacuanha and Pulsatilla, on the following page, which appear to draw a veil over his specific principles and the "Spirit of Disease."

Our learned friend says, "*specific remedies* accomplish a cure in every case where a cure is possible, and much more speedily, safely and thoroughly, than any other medicine can do." And we are left to understand that, that other medicine is that selected by stupid doctors with the aid of *Repertories*; and *specific remedies*, those which are selected by a wise Homœopathist who understands the *animus*, the spirit of Hahnemann's teachings, or, in other words, one who has made Dr. Hempel's Organon of Specific Homœopathy the basis of his intelligence.

Why did he not give us the names of his specific Homœopathic remedies, that should take the place of *Ipecacuanha* for cough, and *Pulsatilla*, for diarrhœa, and thereby furnish us at once with an inductive practical illustration of his new therapeutic philosophy.

Again, at the foot of p. 18, the phrase "specific method of treatment," is presented to us in a very definite manner, though the term *specific* remains undefined. We are told that it possesses the power of "exposing the limited virtue of many remedies of boasted power, and immense pathogenetic phenomena."

At the foot of p. 20, we are somewhat enlightened. Our author says, "the true, essential, positive, or, in a word, specific sphere of action of a drug, is limited to a very small number of symptoms." Except the adverb *very*, this accords with the precept of Hahnemann, to seize on the predominant characteristic symptoms of the case, as a first and paramount condition, and where two remedies have analogous pathogenetic phenomena, to let the concomitant affections decide between them.

The Doctor, strangely enough, treats those concomitants very cavalierly, although he assigns them the high office of giving "pre-eminence" to the pathogenetic symptoms, and to determine the "starting point" of the drug's action. And here we are presented with a new term, viz: *starting point*; and passing down p. 21, we meet the phrase *distinct disease*, complaining that many remedies in our *Materia Medica*, do not point to any "distinct disease," but merely express the disturbing influence of the drug, similar to the bad effect of even healthy aliment caused by idiosyncrasy.

On p. 22, we find the sentence "a *secret instinct*, seems to tell practitioners that these drugs will prove inefficacious." Page 23, "the *common sense* of physicians has assigned to each drug a *certain sphere* of action." Again, "drugs have a specific sphere of action, revealed by positive and *unchanging* symptoms."

One more principle referred to by our author, brings us through his introduction, which he closes with the rather alarming declaration, that "Homœopathy is a science of inglorious illusion." But we must only regard this as a little waste steam from our intelligent well-wisher of the good cause. I close this letter with a recapitulation of the opinions and elementary principles which appear to occupy his mind for the coming contest.

1. Medicines have different *degrees* of therapeutic power, apart

from the consideration of their dynamic physiological specific action ; as seen on p. 24 of his Organon.

2. Drugs have a specific sphere of action revealed by positive and unchanging symptoms.

3. The common sense of physicians determines the sphere of a drug's action.

4. Physicians are admonished by a secret instinct, that some drugs are inert.

5. Pathogenesis should point to a distinct disease.

6. The "starting point" of a drug's action is essential in its specific operation.

7. The specific action of a drug is limited to a very few symptoms.

8. The specific principle points out the therapeutic action of a drug to the exclusion of the mass of worthless symptoms in which it may be smothered.

9. Specific remedies cure much quicker than "other medicines."

10. The objects of the work are as follows :

To benefit the sick.

To simplify treatment.

To make homœopathy popular.

To make the treatment positive and more accurate.

To clear the rubbish out of the *Materia Medica*.

To aid in exalting medicine as a science and an art.

11. Considerations :

Homœopathic practice is not scientific.

The *Materia Medica* is crowded with useless matter.

Reduction of our catalogue of remedies is demanded.

Book doctors multiply remedies and prolong cases.

12. The "spirit of disease" is the basis of a rational diagnosis.

TO THE AMERICAN INSTITUTE OF HOMŒOPATHY.

GENTLEMEN :

Circumstances which have occurred during the past year, have rendered it impossible for me to make such researches and experiments as I had intended, and I am, therefore, unable to fulfil the promise made in my last communication. I will, however, endeavor to comply with your resolution of 1851, requiring that every member shall make some written communication, by offering a few remarks *on the necessity of a scientific work on the Homœopathic Materia Medica.*

The Materia Medica is of the most vital importance to homœopathia. Its components bear the same relation to the science, that the tools of a mechanic do to the art or manufacture to which he devotes his attention. Each tool is, within a certain sphere peculiar to itself, a necessary to the proper execution of the art, and each has its appropriate place in the chest. The systematic mechanic first collects all his instruments, and arranges them in their proper position before he commences his labor, and then everything progresses with precision and despatch. If, however, the tools are scattered, the planes and saws being in one house, the hatchet, hammer and rule in another, and the square, guage and level in still another, with the less frequently needed implements in other places, the artizan can accomplish nothing to advantage. Suppose he begins to work and discovers that he needs his rule; he finds it after some search, and when he no longer requires it; he must seek for his saw, this is found somewhere else, and after it is used he needs his level and hammer, both of which must be sought in different places. Thus much time is uselessly consumed, and a looker-on would say at once, that the man was destitute of common sense.

The homœopathic physician is in very much the same predicament as the mechanic who has failed to collect his tools beforehand. Let us observe him for awhile. He has examined a case of disease, and has a complete pathological group of symptoms before him. He now desires to turn to the pathogenesis; perhaps one remedy that he wishes to examine is to be found in Hahnemann's Materia Medica, another is in Hahnemann's Treatise on Chronic Diseases, a third is in Stapf's Homœopathic Archives, a fourth in the Allge-

meine Zeitung, and so on to the end. He may be experienced, yet how laborious his task! He may be a tyro and without a library—the difficulty is almost insurmountable! He is ignorant of the German language—it is impossible for him to accomplish his undertaking. Suppose he endeavors to collect the materials for his study before he enters upon it: can he do it? Not if he is ignorant of the German language—not if he is poor. The remedies he wishes to consult are not only dispersed through many costly volumes, but some are published in English, some in German; and those in the latter have never been satisfactorily rendered into the former. Have we no need of a scientific compilation of the *Materia Medica*? Ask the wearied student toiling by the midnight lamp. Ask the country physician to whom the libraries of his more fortunate city brethren are inaccessible. Ask your own consciences when you are tormented by a difficult and stubborn case, whose pathogenesis you are vainly endeavoring to elicit from the only apology you have for a compiled *Materia Medica*, *viv.*, “Jahr’s New Manual.”

I have called the “Symptomen Codex” an *apology* for a compiled *Materia Medica*, and I contend that it can claim no right to any other appellation. It is called a Manual. I should be much indebted to the author or to any other member of the profession, to point out to me a single characteristic of a manual which it possesses. A manual is essentially a book of reference, a conveniently small book, which can be consulted readily and with confidence on occasions requiring haste, as well as on those that permit of more deliberate study. I presume no one will deny the correctness of this definition; yet does it in any respect apply to “Jahr’s New Manual?” Most emphatically no! It is very cumbersome and cannot be consulted in haste, because it is very difficult for one who is accustomed to it, to find what he is searching for, and to the young student this would be almost impossible. It is overburdened with a vast number of sentences purporting to be symptoms, the meaning of which are so ambiguous and obscure, that the experienced physician does not pretend to place confidence in them. Much of it is very faulty English, and some of it far from being good sense. Many of the clinical observations are worse than useless. They increase the size of the work to no good purpose. They are frequently very indefinite. They refer to diseases by name without specifying the peculiar symptoms which indicate the medicine under immediate consideration. Even

when a group of symptoms is described under the head of one medicine, sometimes three or four other remedies are referred to as having been used in connection with it; so that it becomes impossible to determine to which of them the cure must be ascribed, without studying the pathogenesis of each one. Thus, that which should have been our only object in looking into the the book is forced upon us, viz.: to discover the true remedy by pathogenesis. If this is not our object, we practice blindly and empirically. This leads me to the greatest objection to these Clinical Observations. I mean, their pernicious influence in withdrawing the mind of the student from the study of the essential character of a remedy and its special adaptedness to the case under treatment, as shown by its pathogenetic indications, and leading him to depend on what professes to be the experience of others. In this way, an indolent man will choose and administer a remedy to a case of gastritis, pleuritis, pneumonia, hydrocephalus, or any other disease, merely because the name which allopathists have given to such a group of symptoms as he has to treat appears in the Clinical Observations it may be with, or it may be without any accompanying symptoms. Now, the mere names of nearly every disease to which mankind is subject, are to be found under the head of almost every polycræst. If a remedy has ever cured an isolated case of leucorrhœa, or gonorrhœa, or ophthalmia, or mania, or any other complaint, the *name* is introduced into the Clinical Observations without any of the peculiar symptoms which may have indicated the use of the medicine. We find it impossible in many cases, to discover anything in the pathogenesis of the remedy that would lead to its use in such diseases; yet, if it has been used in connection with, previously—or subsequently—to, any other remedy which *was* specially indicated, the name of the disease, and sometimes the group of symptoms, are incorporated with the Clinical Observations, thereby tending to mislead the inexperienced person, and to do incalculable injury not only to the patient but to the science of homœopathy. We have an instance of the kind under Spongia, to which Dr. Hempel has drawn attention in his introduction to the Symtomen Codex. His remarks show very clearly the absurdity of placing that group of symptoms under Spongia, although, evidently he had no intention of making the absurdity so apparent. After quoting that portion of the Clinical Observations on Spongia, referring to *Acute Bronchitis*, he says:—"This group of symptoms was cured in several

“instances with Aconite and Spongia. Now, let us see how the “symptoms of this group have been arranged by Jahr. In the first “place, they are all recorded under the head of Spongia, as if Spon- “gia had been the true curative agent in this case, whereas, it is “more than probable that all the symptoms of this group yielded to “Aconite. At any rate, it must be evident to the most careless “observer, that the hurried respiration, the sense of suffocation, the “seated pain in the region of the bifurcation of the trachea, the “constrictive cramp-pain arose from a violent congestion of blood, “which, together with the synochal fever, would most certainly “have disappeared under the action of Aconite.” This quotation involves one or two pretty little theories on the action of Aconite, which, as a stickler for the purity of homœopathic doctrine and practice, I am far from being willing to endorse. I am sorry to say that such theories on the action of medicines are being rapidly engrafted on the great practical truths taught by Hahnemann. I consider them exceedingly pernicious, but time will not allow me to dilate upon them at present. Yet, although I cannot agree to this explanation of the action of Aconite, I believe it to have been the true curative agent in this case; and if it was, why refer to the symptoms at all under the head of Spongia? Such instances—and they are numerous throughout the work—fill me with distrust of the Clinical Observations as a whole. I object to them, as being altogether opposed in spirit to the theory and correct practice of homœopathy.

It may be said that no conscientious physician will administer a remedy on the authority of the clinical observations, without first satisfying himself that it is pathogenetically indicated. But will any gentleman undertake to say that there are none but conscientious men in the ranks of homœopathy? Are there none among us who practice the system altogether empirically, and who are too indolent to patiently compare a pathological group of symptoms with the pathogenesis? Are there none who depend blindly on what other men have recommended for certain diseases? If these clinical observations are comparatively useless to the scientific and conscientious man, as I contend they are, why cumber the work with them?

The whole work is an abortion. It is clearly not a manual, and no man in his senses, will say that it is a scientific and reliable treatise on *Materia Medica*. If it is not the latter, have we any-

thing possessing that character? A negative answer must be given, and that answer implies the admission that we need and must have such a work at as early a day as possible. The materials are scattered widely, and it will require much time, great perseverance and application, and the co-operation of many enlightened and experienced minds to collect them and compile them in one publication. But it must be done, and the sooner it is commenced the better.

Acting on the supposition that the necessity is conceded, I will give my ideas on the plan upon which the work should be executed. In describing a remedy, we should have, following the name,

1. All the known synonyms, both technical and vulgar.
2. If a vegetable remedy, the botanical description in full, together with the geographical locality in which the plant is indigenous. If a mineral or chemical substance, a complete description of its physical properties and tests, with the chemical process by which it is obtained. And if an animal substance, its physical properties, and the mode of procuring it from the animal.
3. The history of the substance, comprising all that is known concerning its use previously to its introduction into the *Materia Medica* of Homœopathy, the year in which it was introduced and by whom, and what led to its first *proving* for Homœopathic use.
4. Its toxicological effects, and the treatment necessary in cases of poisoning by it.
5. Pathological lesions produced by it.
6. Whatever remarks have been made on it by the original prover.
7. The mode of preparation for Homœopathic use, and the attenuations most generally successful in the cure of disease.
8. A list of those remedies which are most nearly related to it in pathogenesis, and to which it may be compared.
9. A list of Homœopathic antidotes.
10. The Pathogenesis. In preparing this part of the work, the the original proving of the medicine should be used, and when it is necessary to translate, each symptom should be rendered into as good English as possible, compatible with preserving the exact sense intended to be conveyed by the prover. The symptoms should be arranged according to Hahnemann's original order; each one should be printed separately and in full, and to economize space, each page containing the Pathogenesis should be divided into two columns.

To illustrate I will translate a few symptoms of Belladonna from Hahnemann's *Reine Arzneimittellehre*.

PATHOGENESIS.

Sensorium.

Vertigo.

Vertigo; the surrounding objects seem to be tottering to and fro.

Head.

Violent headache.

Pressing headache, particularly in the forehead.

Incessant, dull, pressing headache in one side of the head.

Violent pressing pain in the left frontal protuberance, the pressure seems to be from without.

Scalp.

Swelling of the head.

Swelling of the head and redness over the whole body.

The hair of the head falls out during one hour, (aft. 24 hrs.

Face.

Restless expression of face.

Distorted visage.

Paleness of the face.

Paleness of the face with thirst.

Paleness of the face with increased appetite.

The work should be commenced with a short historical account of the origin and progress of Homœopathy, and completed with a concise but comprehensive repertorium, which would serve as a manual until a comparative *Materia Medica*, such as Dr. Hering hints at in his preface to the *Symptomen Codex*, can be matured and brought into actual existence. The latter will then be the only true manual; but it will not enable us to dispense with the full and prolix *Materia Medica* which I have proposed. However the practical process of choosing a remedy may be simplified, we must ever depend on a perfect knowledge of the pathogenesis of every article in the *Materia Medica* as the foundation of success.

In regard to the mechanical execution of the work I have proposed, I would say a few words and conclude.

The Pathogenesis should be printed in *brevier* type to compensate for the space lost by printing the symptoms separately. The repertorium should be printed in the same type, and all the solid matter of the work should be in *Long primer* type. The whole should be executed in the neatest and most elegant manner, and got

up in royal-octavo form, each volume containing 700 or 800 pages, bound in leather. Although external appearance is a matter of small importance compared to the character of the contents, I think it is quite time for us to begin to publish our standard works in a handsome and substantial manner. Hitherto, the books composing an English Homœopathic library, have been exceedingly insignificant in size and binding, with the sole exception of "The Symptomen Codex," the only one among them which ought to be small and compendious. I hope to see a reform in this matter, and that this *Materia Medica* will be the first of a series of publications which shall possess a uniform external appearance, and shall constitute the *American Homœopathic Library*.

Such, gentlemen, are some of my ideas on the subject I have been considering. They are, perhaps, imperfect and crude, but if they awaken a response in the minds of some of you, sufficiently strong to induce you to enter this field of labor, I shall be amply repaid for the time I have devoted to this communication.

I submit it to you,

Very respectfully,

M. J. RHEES, M. D.

Stockton, April 27, 1854.

TO THE AMERICAN INSTITUTE OF HOMŒOPATHY.

The Massachusetts Homœopathic Medical Society respectfully submits the following report :

That the Society is now in a prosperous condition, and its list of members increasing at every regular meeting. During the last few months the Society has been engaged in collecting statistics of some of the more common and important diseases of our region. Herewith you will receive the summary of reports, so far as given, up to date, and at the next meeting of the Institution we hope to offer something worthy of the cause and of our Society.

The Massachusetts Homœopathic Medical Society is also engaged in the proving of these drugs, viz : *Crotalus Horridus*, *Asterius reubeus*, and *Guaco*. At present we are not able to add anything to the former provings of these drugs, but will do so on a future occasion.

The progress of Homœopathy in Massachusetts, is in the highest degree, satisfactory, and we only need "earnest" practitioners to make it the predominant system of practice.

Report of Diseases treated Homœopathically between Jan. 1st, 1853, and Jan. 1st, 1854.

DISEASES.	No. of Males.	No. of Females.	Average Age.	Average Duration of Treatment.	Cured.	Died.	Principal Remedies relied on in Treatment.	REMARKS.
Fevers, Typhoid, .	93	101	Years. 23 $\frac{1}{2}$	Days. 20	194	5	Acon. Bellad. Bry. Rhus. Opium, Ars.	2 of the fatal cases had been under allopathic treat't
" Scarlet, .	155	176	7 $\frac{1}{2}$	12 $\frac{1}{4}$	300	21	Acon. Bell. Am. Carb. Mell. Lach Rhus.	
" Rheumatic,	44	24	30 $\frac{1}{4}$	17 $\frac{2}{1}$	68	0	Acon. Bell. Bry. Colc. N. Vo. Puls. Rhus. Sulph.	
Pneumonia, . . .	92	96	19 $\frac{1}{2}$	10 $\frac{1}{1}$	179	9	Acon. Phos. Bry. Rhus. Tartar. Lach. Squill.	
Croup Spasmodic,	55	51	4	2 $\frac{7}{2}$	106	0	Acon. Hep. Spong. Samb. Bell. Ipecac.	
Croup, Inflammatory or Membranous,	13	16	2 $\frac{8}{4}$	4 $\frac{9}{2}$	23	1	Iod. Brom. Hep. Kali-bich. Sulph.	
Dysentery, . . .	124	12	19 $\frac{5}{2}$	9 $\frac{1}{7}$	256	8	Muru. Aloes, Nux Vom. Ars. N. Acid.	Three fatal cases from allopathic hands.

In addition to the above there are a great many cases which from absence of some of the data could not be set down in the table. One Physician reports 105 cases of dysentery, but does not give sex, age, or medicines.

W. F. JACKSON, M. D.

Secretary, M. H. M. Society.

PROCEEDINGS OF THE ELEVENTH ANNUAL SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY, held in the the City Hall, Albany, on June 7th and 8th, 1854.

At the hour designated, 10 o'clock, the members of the Institute were called to order by William A. Gardiner, M. D., of Philadelphia, General Secretary. The first business in order was calling the roll of members, which was proceeded with, and the necessary corrections made. About seventy members were present and answered to their names.

Nominations were opened for Chairman, when Dr. Lyman Clary, of Syracuse, Dr. Alonzo S. Ball, New York, Dr. Jehiel Abbott, Westfield, Dr. Alpheus Morrell, of Concord, were nominated. The balloting was proceeded with, and resulted as follows :

Dr. Clary,	.	.	.	.	15
Dr. Ball,	.	.	.	.	10
Dr. Abbott,	.	.	.	.	4
Dr. Morrell,	.	.	.	.	3

There being no choice, a second ballot was proceeded with, and resulted as follows :

Dr. Clary,	.	.	.	.	30
Dr. Ball,	.	.	.	.	3
Dr. Abbott,	.	.	.	.	1

Dr. Clary, of Syracuse, having received a majority of all the votes polled, was declared Chairman, to preside over the deliberations of the Institute during the Session.

On motion of G. W. Swazey, M. D., of Springfield, Mass.

The Rules of Order were suspended, and an amendment offered, which combined the third, fourth, and tenth Rules, and which amendment made the election of *all* officers the next order of business, after calling the roll of members.

Nominations were then opened for General Secretary, the balloting resulted—

Dr. Guy, Brooklyn,	.	.	.	.	25
Dr. Coxe, Philadelphia,	.	.	.	.	7
Dr. Kirby, New York,	.	.	.	.	2

Dr. Guy was declared elected, and assumed the duties of the office.

Nominations were then opened for Provisional Secretary, the balloting resulted—

Dr. Coxe,	31
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Dr. Coxe was declared Provisional Secretary for the succeeding year.

Nominations were then opened for Treasurer, the balloting resulted as follows :

Dr. A. S. Ball,	33
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Dr. A. S. Ball was declared Treasurer.

Nominations were then made for Board of Censors, on election of new members.

Dr. W. E. Payne, Baltimore,	received	25 votes
Dr. J. L. Martin, Baltimore,	"	25 "
Dr. G. W. Swazey, Springfield,	"	25 "
Dr. A. E. Small, Philadelphia,	"	25 "
Dr. H. M. Paine, Albany,	"	23 "
Dr. S. Gregg, Boston,	"	4 "
Dr. W. Williamson, Philadelphia,	"	1 "
Dr. S. S. Guy, Brooklyn,	"	1 "

Drs. Stevens, Dake, Humphreys, Chase and Adams, were appointed to audit the Treasurer's account.

AFTERNOON SESSION.

The Board of Censors reported the following names of gentlemen, who had been found duly qualified, and were elected members of the Institute.

J. G. Houard, M. D.	. . .	Philadelphia.
Wm. Brisbane, M. D.	. . .	Baltimore.
J. F. Sheek, M. D.	. . .	Philadelphia.
W. H. Dake, M. D.	. . .	Pittsburg.
B. Sanborn, M. D.	. . .	St. Johnsbury, Vt.
C. B. Darling, M. D.	. . .	Lyndon, Vt.
E. R. Sisson, M. D.	. . .	New Bedford, Mass.
J. A. Blanchard, M. D.	. . .	Pittsburg, Pa.
H. H. Hoffman, M. D.	. . .	Do.
Wm. Henry Watson, M. D.	. . .	Utica.
Alfred B. Stone, M. D.	. . .	St. Johnsbury, Vt.
George S. Green, M. D.	. . .	Hartford, Conn.
N. F. Cooke, M. D.	. . .	Providence.
Henry C. Blanchard, M. D.	. . .	Keeseville, N. Y.
John A. Ward, M. D.	. . .	Burlington, Vt.
Elijah U. Jones, M. D.	. . .	Dover, N. H.
S. M. Cate, M. D.	. . .	Augusta.
Charles H. Walker, M. D.	. . .	Manchester, N. H.
Rufus Sargent, M. D.	. . .	Princeton, N. J.
Jno. G. Wood, M. D.	. . .	Salem, Mass.
A. C. Miller, M. D.	. . .	Gloucester, N. Y.

A. H. Beers, M. D.	.	.	.	Buffalo, N. Y.
Charles G. Bryant, M. D.	.	.	.	Albany.
J. W. Cox, M. D.	.	.	.	Albany.
D. F. Bishop, M. D.	.	.	.	Philadelphia.
J. B. Wood, M. D.	.	.	.	Westchester, Pa.
T. F. Pomeroy, M. D.	.	.	.	Utica.
J. C. Bergher, M. D.	.	.	.	Pittsburg.
Henry B. Clarke, M. D.	.	.	.	New Bedford,
Daniel Wilder, M. D.	.	.	.	New Bedford.
Franklin Bigelow, M. D.	.	.	.	Syracuse.
Wm. H. Randall, M. D.	.	.	.	Albany.

Reports from Auxillary Societies were called for. Reports were read from several societies, giving a very encouraging account of the progress of Homœopathy.

The Central Bureau made their annual report. The bureau has ready for the press provings of remedies which promise to be useful in practice, amongst which may be mentioned Glonoine, Apis mel., Plantago, Hamamelis virg.

The Special Committees appointed at previous sessions of the Institute were called, and not even *one* was prepared to report; a majority of them were continued another year, and at that time we trust something definite will be reported, as important subjects have been referred for consideration; the hackneyed way of reporting progress, and asking continuance another year, is not in our humble opinion doing justice either to the subject or the members of the Institute.

EVENING SESSION.

Quite a large and intelligent audience of ladies and gentlemen assembled in the evening to hear the address of William E. Payne, M.D., of Bath. As we have been favored with a copy for publication, we refrain from expressing an opinion as to the character, but refer our readers to the 13th article in the present number, and ask them to read and judge for themselves. After the address, Dr. Kirby offered the following resolution, which was unanimously adopted.

Resolved, That the thanks of the members of the American Institute of Homœopathy, now present, be voted to Dr. Wm. E. Payne for his learned, able and valuable address, and a copy of it be re-

quested for publication in the proceedings of the Institute. *Resolved*, That the Editors of the Homœopathic Journals be requested to publish Dr. Payne's address in their respective Journals.

THURSDAY MORNING.

The following resolution offered by Dr. Payne, at Cleveland, in 1853, was called up and discussed by Drs. Dake, Kirby, Swazey, Guy, Clary, Small, Payne, Bowers, Gregg, Williamson and Pulte.

"*Resolved*, That we regard the Homœopathic law as co-extensive with disease, and that a resort to any other means than those pointed out by the law *similia similibus*, is the result, in part, of the incompleteness of our Materia Medica; but mainly the result of a want of sufficient knowledge on the part of the physician, of those remedies already possessed by our school, and not an insufficiency of the Homœopathic law."

The discussion throughout was animated and interesting, and occupied the morning and part of the afternoon session. The resolution was finally adopted by inserting the word *Medical* before Means, so as to read *Medical Means*.

The next meeting was fixed to be held in Buffalo, on the first Wednesday of June, 1855.

It was adopted that Pharmaceutists be recommended to use ten grains of medicine to one hundred of Sac. Lac. in the preparation of triturations.

The Committee appointed a year since to report as to the validity of Dr. Jacob Schmidt's diploma, offered the following report, which was adopted.

Resolved, That Dr. Jacob Schmidt is found to be a graduate of the Allentown Academy, a chartered institution, and fully authorized to confer the title of Doctor of Medicine, and that Jacob Schmidt is fully entitled to use the title of M. D., and that the Institute so acknowledges him.

T. M. Ward, M. D., was appointed to report at the next meeting, on the use of Mechanical Supports, or the value of Braces and Stays in Homœopathic practice.

Drs. Gardiner, Kirby and Small were appointed a Committee to amend the Constitution, By-Laws and Rules of Order, and report to the next meeting of the Institute.

The thanks of the Institution were voted to L. Clary, M. D., for the able and impartial manner in which he had presided over the deliberations of the meeting.

J. H. Pulte, M. D., was appointed orator for the next meeting, and H. D. Payne, M. D., alternate.

The thanks of the Institute were voted to S. R. Kirby for his services as Treasurer for several years, and to W. A. Gardiner, M. D., for his services as General Secretary.

The meeting was quite well attended, and was one of unusual interest. We have always advocated the utility of these annual gatherings of the Homœopathic physicians of the United States. We wish they could be better attended, there is only one way to affect this end; that is, to make the annual sessions of the American Institute of Homœopathy of so much importance, that members will feel as if they had experienced a loss by being absent. It is the duty of every physician to contribute his mite, let it be ever so small, to advance medical science, and if the Committees would be prompt in attending to their duties, even if it is attended with some sacrifice, our meetings would be more interesting. Let every member constitute himself a Committee, on any subject he sees fit, and he has such a privilege, and report annually to the Institute, and very soon we will be under the necessity of selecting the most capacious building in the city for our meetings. We intend to call the attention of the members of the profession to this matter frequently, and perhaps they feel guilty, and plead forgetfulness,—if so, it is necessary they should be subjected to a course of treatment.

EDITORIAL.

WE see statements in various Journals from the South and West, concerning the reappearance of the cholera in those regions, and everywhere it seems, homœopathic treatment appears to be crowned with success. The opponents of our school who a few years ago almost prayed for some malignant epidemic to visit us, such as cholera or yellow fever, that might try the feeble powers of homœopathy, and scatter its claims to the winds, may feel a little chagrined at this time, when converts are marching into our ranks by scores, wholly on the account of the control which homœopathy exerts over these malignant diseases.

When the yellow fever was raging so furiously at Natchez last year, and the inhabitants were dying off by hundreds under allopathic treatment, it was found that homœopathy was waging a successful warfare against the deadly foe. The argument was complete, the character of homœopathy became established, and Drs. Davis and Holcombe were appointed physicians of the Miss. State Hospital at Natchez, because they were, being ardent, zealous and scientific homœopathists, more successful in the treatment of the yellow fever scourge than the former incumbents.

Thus it will be seen that the cry of the allopaths that the cholera, yellow fever, or malignant small pox would, in the event of their appearance, set aside the claims of homœopathy, have only contributed to establish its reputation. We read in the STANDARD BOOK, that one Haaman erected a gallows, on which to hang an enemy, and the result was, he became the victim himself, while his enemy could gaze in triumph at the result. The opponents of homœopathy, like Haaman, expected to extinguish the homœopathists by theories that they had invented concerning cholera and other malignant epidemics, whenever they should make their appearance; but it needs no proof that they have been disappointed; while the principles and practice of homœopathy have become triumphant under the most trying circumstances, the theories and practice of allopathy have been hung up as effectually as was Haaman.

It may be stated without the fear of contradiction, that allopathic theories and practice have failed to prove themselves of any utility in malignant diseases. Nay, nor yet commendable as doing no harm. For they have evidently proved worse than useless. The very compounds of calomel and soap, quinine and vitriol, sulphur, tart. emetic and zinc, are all pernicious if used in accordance with the improper formulas of allopathic practice. They sharpen the teeth of the malarious influences, and give them opportunities to prey upon helpless victims.

The patrons of homœopathy in America have increased far more rapidly since the epidemics of cholera and yellow fever, than ever before, and why? the reason is obvious. The practitioners of homœopathic medicine applied their remedial agents in the treatment of these formidable diseases, in accordance with nature's law of cure, and if the allopathic profession through prejudice and preconceived notions do not admit the fact, the public do; men of sense and discernment who look and learn for themselves, do; men free from prejudice or the bias of preconceived opinions and self-made theories, do; and this is sufficient to ensure the triumph of Homœopathy at all events.

But in being gratified on the one hand at the success which has ever attended homœopathy under the most appalling ravages of diseases, we must not lose sight of the necessity of keeping her in the ascendant by

preserving her immaculate purity; by keeping her from unfruitful alliance with allopathy. In herself she is a tower of strength, consummate her compromise and she is gone forever. Nature requires obedience to her own laws, and any infringement or dictation is fraught with mischief and folly.

At the present time cholera appears to be present in most of our large cities. It can hardly be said to be epidemic as yet, except in some of the cities situate in the rich valleys of some of the western rivers. But diarrhœas and dysenteries are prevalent as well as cholera infantum among children. To know the best mode of procedure is very important when an epidemic of the kind makes its appearance. What is the best preventive? is a frequent question from interested patrons.

It has been the habit of many physicians to discourage the use of many articles of diet under such circumstances, that for the most part have been found healthy and nutritious. Some recommend abstinence from meats, others from potatoes, peas, salad, &c. Some maintain that entire restriction to a low diet is by all means the best. But a common sense view of the whole matter would lead to the adoption of the following simple rules.

1. When the mode of living of an individual has been found perfectly accordant with health, let there be no change, let no care be exercised to make the diet better, if it is all that Nature requires.

2. Do not let the mind fix itself upon certain articles as pernicious, and tending to bring on the cholera when the system has been accustomed to the use of them; for the sudden abstinence from such articles may do more to predispose the system to the disease, than if the use of them are persevered in.

3. While it is incumbent on every one not to rush heedlessly into danger, the simple fact that choleroïd difficulties are prevailing, should excite no alarm; let every one live on as usual, attending to his daily duties, free from anxiety as to what he shall eat, drink, or wear, in order to prevent the cholera.

4. While those who have been accustomed to the daily use of stimulants would be worse off by an abrupt abstinence, those who have never been accustomed to the use of them would be equally so, by commencing their use at such a time; for in either case a change would be produced in the system, predisposing it to the influence of whatever malaria is prevalent in the atmosphere.

5. It is incumbent upon all to secure the benefits of cleanliness, fresh air, and good and wholesome food at all times, and the less deviation from this the better. Filling the room with the fumes of camphor, cascarrilla, whiskey, chloride of lime, and a thousand other things which the superstitious think will fortify against disease, are all predisposing agents, and should be carefully avoided.

6. Children suffering from cholera infantum should have good fresh air

of the country if possible, as that rising from brick and stone pavements, is not only deteriorating in its effects upon the strength of the little sufferers—but absolutely enervating as an element of respiration.

7. Great care should be exercised in supplying the most digestible diet for teething children. The tendency of the vital forces is so much towards the head, it is difficult for the stomach to preserve sufficient power to perform the office of digestion well. Much of the success of the practitioner depends upon the care he exercises in adapting a judicious diet, such as will accord with the condition of the stomach and demand of the system.

8. The ripe fruits of the season are by no means at variance with public health. In warm weather, when the tax upon the system is so great, and perspiration so common, Nature has furnished the ripe fruits to compensate for loss, and it is a mistaken idea that all fruit must be suffered to rot upon the vines for fear of the cholera. Good ripe fruit has never produced more cholera than beefsteak or potatoes, if taken when the system is in a healthy condition; but unripe fruit as well as fruit so ripe as to begin to decay, ought to be avoided, as predisposing to choleroïd difficulties.

Many other suggestions would be useful, but they will very likely be supplied by the reader.

HOMŒOPATHIC MEDICAL COLLEGE OF PENNSYLVANIA.

MOST of our readers will have received the seventh annual announcement of this Institution, before the present number of the Journal reaches them. It will be seen that the Institution is in a flourishing condition. The experiment of founding a medical school with reference to so high an object, as that of inculcating the principles of homœopathy in connection with all the other branches embraced in a thorough medical education, has at least been successful.

The mistaken policy that has been advocated by some, that homœopathy may be as profitably studied as a separate branch, after the student has been educated in all the other branches of science in an allopathic institution, seems very much like patching an old garment with new cloth, if it is not a veritable attempt to *put new wine into old bottles*.

It cannot fail of being apparent to every reflecting mind, that allopathic instruction in anatomy, surgery, obstetrics, chemistry, &c., is altogether made subservient to allopathic practice. It is true that the specific science of anatomy is the same every where, but who is so blind as not to discern that an allopathic teacher would drag it in by the hair of the head to make it support, the drugging, blistering, and prostrating treatment inculcated by the chair of practice in the same school. The same remarks are true

with regard to instruction in surgery, obstetrics, chemistry and the other branches. While in the homœopathic school the same branches are taught as thoroughly as in any school in the country. The laws of nature are carefully sought after, and as homœopathy discloses one of the most essential laws in nature's economy, its entire harmony with other laws that govern the human organism, and with the laws of chemical affinity existing in nature, does it not seem requisite that students should have an opportunity of studying all the collateral branches of medical science in connexion with homœopathy, and moreover, as it is the purpose and intention of the homœopathic school to impart thorough instruction in every department of medicine, for the avowed purpose of qualifying students for practising homœopathia in medical surgery, midwifery, and the diseases of women and children, can all the ends be answered, or the advantages of practical instruction be so well secured, as in an institution where all the branches are taught, including homœopathy.

The Homœopathic Medical College was never intended for a mere "degree" factory, to confer the title of doctor of medicine upon those who for the most part are only skilled in imperfect repertories, but for the thorough training of students for an honorable profession, and she will carefully reserve her honors for such only, as upon strict examination, are found qualified in all the branches of a thorough medical education.

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We are unable to express an intelligent opinion concerning the book in question; it may be good, it may be otherwise; but we confess that we should peruse the work with enhanced interest, if we were assured of its being reliable, or that we could depend upon the recorded pathogeneses of the poisons of which it professes to treat. At any rate it is another book for the homœopath.

As for books, we have tried to notice all that have been published, for the purpose of acquainting our readers with the fact of their existence. Some we have spoken in favor of, and of all in a spirit of kindness; but after all, books multiply a *little too fast*, in some respects, we think, unless they are made to possess more merit. We

have too many partial treatises upon important subjects. We have too many little *black-covered books*, that savor more of being mere *men made* things, than learned delineations of eternal truth; we are tired of seeing them, because better books ought to take their places. Full treatises on the diseases incident to the various organs are desirable, and we should like to see such works as are delineative of the natural history and treatment of diseases founded upon physiological considerations methodically arranged. There are men of enlarged medical experience, and of exalted literary abilities, who might turn their labors to a good account if thus directed.

A TREATISE ON DISEASES OF THE EYES, *including diseases of the eyelids, inflammations of the conjunctiva sclerotica and cornea; also catarrhal, rheumatic, scrofulous and purulent ophthalmia.* Based on Theodore J. Rückert's clinical experience in Homœopathy. By J. C. PETERS, M. D., pp. 172, 8vo. New York: Wm. Radde. Philadelphia: Rademacher & Sheek, &c.

The American editor of this work has evidently aimed at the performance of a valuable service for the profession; how well he has succeeded we are unable to say, but at any rate he has accomplished something which may be a valuable beginning, if nothing further. We are of opinion, however, that the *work on the eyes* will be found a useful work. The author does not profess "any extraordinary amount of knowledge of diseases of the eye," and on this account he has given us a compilation from the best authors, and those who have had the most elaborate experience in the treatment of such maladies. From the Cliniques of Lungen, of Berlin, and Jalger of Vienna, and other sources, he has given many examples of successful homœopathic treatment of various diseases of the eyes. The profession has long wanted a work particularly upon the visual organs, and we commend this work of Dr. Peters as being in some degree suitable to supply the want; and if not voluminous, it will be found to be a convenient manual.

CATALOGUE
OF
HOMŒOPATHIC BOOKS
FOR SALE BY
RADEMACHER & SHEEK,
239 Arch Street, Philadelphia.

D.

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E.

Epitome of Homœopathic Practice. Compiled chiefly from Jahr, Rückert, Beauvais, Boenninghausen, &c. By J. T. Curtis, M. D., and J. Lillie, M. D. Second enlarged edition. 1850. Bound, 75 cents.

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Esrey, Dr. W. P., Treatise on Anatomy and Physiology. With 30 illustrations. 195 pages. 1851. Bound, 50 cents.

☞ **Dr. W. P. Esrey's** Treatise on Anatomy and Physiology, is the cheapest book ever published on those subjects, and is particularly of great use to Students of Medicine as a compendium.

F.

Flora Homœopathica; or Illustrations and Descriptions of the Medical Plants used as Homœopathic Remedies. By Edward Hamilton, M. D., F. L. S. The work is illustrated by Henry Sowerby, from Drawings made expressly for the Author. The *Flora Homœopathica* contains a colored illustration and complete history of every plant generally employed in Homœopathic Pharmacy, arranged in alphabetical order. The drawings are chiefly made from natural specimens, and to ensure correctness, the Author has secured the services of Mr. Henry Sowerby, the Assistant Curator of the Linnean Society. With a Preface, Glossary of Botanical terms and Index. London, 1852. Price for the whole work, containing sixty-six handsomely colored plates, elegantly bound, \$18.

Forbes, Dr. J., Homœopathy, Allopathy, and Young Physic. 1846. Paper cover, 19 cents.

G.

Gray, John F., M.D., The Duty of the State in Relation to Homœopathy; an inaugural address, delivered before the Hahnemann Academy of Medicine, New York, January 9th, 1850. 13 cents.

Griffiths, Thomas, On the Sources and Uses of Sulphuric Acid. London, 1850. 38 cents.

Guenther, Dr. E. A., New Manual of Homœopathic Veterinary Medicine; or the Homœopathic Treatment of the Horse, the Ox, the Sheep, the Dog, and other Domestic Animals. 1847. Bound, \$1 25.

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Guernsey's Homœopathic Domestic Practice. Containing also Chapters on Anatomy, Physiology, Hygiene, and an Abridged Materia Medica. 1854. Third thousand. Bound, \$1 50.

H.

Hahnemann, Dr. Samuel, The Lesser Writings of, collected and translated by R. E. Dudgeon, M. D. With a Preface and Notes by E. E. Marcy, M. D. With a beautiful steel engraving of Hahnemann, from the statue by Steinhäuser. Bound, one large volume, 784 pages. \$3 00.

☞ This valuable work contains a large number of Essays of great interest to laymen as well as medical men, upon diet, the prevention of diseases, ventilation of dwellings, etc. As many of these papers were written before the discovery of the Homœopathic theory of cure, the reader will be enabled to peruse in this volume the ideas of a gigantic intellect when directed to subjects of general and practical interest.

"The Lesser Writings MUST BE READ by every student of Homœopathy who wishes to become acquainted with the *Master-mind*,"
R. E. DUDGEON, M. D.

Hahnemann, Dr. Samuel, *Materia Medica Pura.* Translated by C. J. Hempel, M. D. 4 vols. Bound, \$6.

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Hempel, Dr. Charles Julius, *A Treatise on the Use of Arnica, in cases of Contusions, Wounds, Sprains, Lacerations of the Solids, Concussions, Paralysis, Rheumatism, Soreness of the Nipples, &c., &c.,* with a number of cases illustrative of the use of that drug. 19 cents.

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ORIGINAL COMMUNICATIONS.

PHYSIOLOGY OF SECRETION.

BY C. E. TOOTHAKER, M.D.

To the man who attentively examines the phenomena of animal life the secretory system affords an interesting theme for observation and research.

Enriched as it has been by the patient and laborious investigations of Müller, Bichat, Bordeu, Ruysch, and Malpighi, it is yet so imperfectly understood, that the intelligent and educated physician, finds himself at a loss to account for the various pathological and other changes, which are constantly presenting themselves in the different diseases he is called to treat.

The various secretions into the cavities of the body, according to the purposes for which they are designed, are each of them exuded from different classes of organs, each affected by different external and internal agencies, and each in itself forming a complete system, beautiful as harmonious so far as these secretions have yet been traced, but with all the lights which science and philosophy have furnished, still leading us ere we are aware into inextricable labyrinths of doubt, in the mazes of which, occasional glimmerings of light allure us onward, without affording us satisfactory information of the windings through which we have passed, whilst still in the distance we perceive, that there are paths yet untrodden, labyrinths no doubt studded with priceless gems into which we have not yet entered, the perfect unfolding of which, seems to look forward to an age of light and life, when man shall more

willingly listen to the teachings of nature, or more ardently and more devotedly pursue the beacon lights of science and of philosophy.

Of these *internal secretions*, essential as they are to the phenomena of life, *Medical Science* has not yet discovered sufficient, to enable the physician to act intelligently in his attempts to restore their healthy function; and it may well be doubted, whether there may not be many such secretions which are yet undiscovered, as well as others whose function has never been ascertained.

The Saliva, a secretion from the salivary glands or follicles of the mouth, appears to be most open to the inspection of observation, and to the investigations of science. Yet how little is known of this secretion, or of the various purposes for which it is designed; the changes of nature or of function from a normal to an abnormal condition; the various causes, whether miasmatic, psoric, mechanical, or sympathetic, by which these changes are effected; or more than all of the highest importance to a physician, the various medicinal and other agencies by which it may be restored from an abnormal to a normal state. Dr. Gardner in his *New Medical Dictionary* informs us that from three to four ounces of saliva are exuded at a single meal so that more than half a pint of this curious secretion is mingled with our daily food. But who can tell us its effects even in a normal state as it passes through the circulation to the extremest parts of the system. Does its influence cease when it has conveyed the food to the stomach; or when in that wonderful laboratory, by the aid of another secretion, the food has been converted into Chyme or into Chyle; or does this influence still continue, and if it be abnormal, may it communicate or create disease in the more distant and exterior surfaces, even in the bones, the skin, the hair, or the nails. Science has as yet only informed us, what all the world knew before, that it moistens the mouth and renders the act of deglutition more easy and agreeable; speculation has added it resolves the food into its principles and may give tone to the stomach or aid digestion, but of the particular aid which it affords science and speculation have as yet left us uninformed. Its progress through, and its effects upon the system, science and philosophy have failed to discover.

The gastric juice is the next in order of this class of secretions. But of this little more is known than of the former. We do indeed assume to know that it is somehow connected with chymification; but the nature or extent of this connection we do not understand.

We know that there are certain diseases which are denominated gastric, but of the causes of the particular lesions which take place in these diseases, or of the particular symptoms we observe, we know little. We may attribute them to fever, and yet it is difficult for us to determine, whether fever is not a remedy, which nature is applying to overcome some abnormal function.

And if so little is known of these secretions, which are so open to our inspection, and the healthy condition of which is so manifestly indispensable to the continuance of life, what shall we say of other secretions of the same class, the pancreatic, the biliary, the splenic, the glandular, the follicular, and the mucus; or the synovial, the adipose, the cellular, the nervous, and the serous, with others which have been or which may be discovered, each of which has its peculiar and appropriate office essential to the perfection of the living organism, and each of which is no doubt affected by various specific agencies, either normal or morbid, acting either in accordance with or in opposition to the vital principle, and conveying health and life, or disease and death, to other parts, and other portions, with which they are brought in contact, either in the circulation, or in the performance of their peculiar functions.

The secretions of the body may properly be divided into two classes. First those which are adapted to some specific functional use, and are consequently retained in the body, until they perform their respective offices, or until they pass into other forms; and second, those which appear to be the waste material, the remains of the various supplies of matter, or the old and worn out substances, which the friction of the machinery, or the progress of decay, have rendered unfit for further use or elaboration. These superabundant or decayed substances, taken up by the absorbents from the various parts of the system are by some wonderful mechanism, or some unaccountable and astonishing agency, collected as it were by magic from all parts of the system where they may be found, and poured upon the particular gland or glands adapted to their secretion, where after suitable elaboration they are excreted and expelled from the system. But why do the sudorific particles make their way to the exterior rather than to the interior of the body? why is the urinary secretion collected by the kidneys alone? or why does the Snyderian membrane attract to itself only its peculiar fluid? or is this not the case?

Some suppose that each of the organs elaborates from the blood which passes through it, its own peculiar fluid, and that as but a small portion of the blood can pass through any one of the secretory glands, they suppose that each of these glands creates for itself from the same blood its peculiar secretion. But on what principle then are these exertions to be regarded as purifying the system. If it is only the inconsiderable portions of blood which they receive which are affected by their agency, if their influence is not felt throughout the system, their effects as purifiers would seem to be of minor importance. Such is the nature of the difficulties which encompass the whole subject of the secretions, and an intelligent treatment of the various diseases connected therewith, in the present condition of medical science ought not to be expected.

Notwithstanding these difficulties to which we have alluded, and which appear to forbid us from attempting even a description of what may appear to be known on a subject that has been so imperfectly illustrated, it is my purpose during the remainder of this article to invite attention to the subject of Urinary Diseases.

DIVISION OF THE SUBJECT.

These diseases are divisible into local and constitutional, primary and sympathetic, according as they affect any particular organ or portion of the organism, or spring from some more hidden fountain, which may be denominated constitutional, or according as they may or may not be connected with, or occasioned by other diseases. This order of treatment is of the highest importance to the Homœopathic physician, since it must guide him to a very great extent in the selection of his remedies, whilst to an allopathist whose prescriptions for all diseases of this kind are generally empirical, any accurate diagnosis must be of far less importance.

In accordance with the division we have adopted, our attention will be directed first to

DYSURIA.

Difficulty of voiding Urine.—From the Greek *δυσ* difficult, and *Urea*.

This affection arises from inflammation or irritation somewhere; it may be of the passages, as the urethra, neck of the bladder, &c.

or the seat of the affection may be in the bladder itself. Or it may arise from the character of the secretion to be voided, and may therefore occur in most of the different forms of urinary disorder. It is not unfrequently one of the most painful affections a physician is called to treat, characterized by excessive burning or lancinating pains in every effort at micturition. If the Urine pass in small quantities, drop by drop, it has been denominated Strangury, whilst if the quantity voided be more considerable with severe pain at the moment of the last drop, it is designated by the more general term Dysuria. These distinctions of nomenclature are of little import. The intelligent homœopathist will carefully study the symptoms of each case, and select such remedy as he thinks best adapted to his purpose. A great variety of remedies may be consulted. Camphor and Cantharides are among the most prominent. I have several times used Pulsatilla with success, also Nux vomica. Cannabis, Digitalis, Uva ursi, and Terebinth, are recommended in homœopathic books and have each their value as the symptoms may indicate.

2D. ENURESIS.

Incontinence or inability to retain the Urine. (Greek εν and Urea.)

This affection might appear to be the exact antagonist to Dysuria, but from the various sources whence it may originate, we infer that can not often be the case. Eberle in his Practice, page 730, informs us that it may originate from a great variety of causes. Paralysis of the sphincter of the bladder, mechanical injuries, effects of old age, or of disease, plunging into cold water, tumors, prolapsus uteri et vesicæ, enlargement of the ovaries, vesical calculus, ulcerations, ascarides, hæmorrhoides, suppressed catamenia, gout, and leucorrhœa, are among the affections enumerated as giving rise to this complaint.

The treatment prescribed in homœopathic practice for Enuresis and Dysuria are nearly identical, Cantharides, Cannabis, Nux vomica, Pulsatilla, Rhus, and Sulphur, are the principal remedies. Uva ursi, Cicuta, Calcarea, and Arnica, have also been prescribed. In one case of a female during confinement I found Pulsatilla an efficient remedy, the indication for its use being the frequently shifting character of the complaint and pains extending down the thighs.

PROVINGS OF HYDROPHOBIN.

BY JOHN REDMAN COXE, JR., M. D.

C. a; JOHN REDMAN COXE, JUN., 54 years of age, of nervous sanguineous temperament.

1853. August 1st, 2d, 3d, and 4th, took 60 pellets Hydroph. 3d., at 7 o'clock, A. M., 2 and 10, P. M., of each day.

C. a. b; J. R. C., Jr. Second proving of 6th potency.

Aug. 18, 19, 20, and 21; took 60 pellets of Hydroph. 6th., at 7 A. M., 2 and 10 P. M., of each day.

C. a. c; J. R. C., Jr. Third proving of 30th potency.

Sep. 1st, 2d, and 3d, took 300 pellets of Hydroph. 30th., at 7 A. M., 2 and 10 P. M., of each day, and on the 4th Sep., took 500 pellets each time.

C. a. d; J. R. C., Jr. Fourth proving of 3d Decimal Pot. $\frac{1}{1000}$.
Sep. 28; took 100 pellets at 10 P. M.

" 29; " 8 A. M., 2 and 10 P. M., 150 pellets.

" 30; " 8 " 2 and 10 " 200 "

Oct. 1; " 8 " 2 and 10 " 250 "

" 2; " 8 A. M., 300. 2 P. M., 400. 10 P. M., 600 pellets.

C. b; DAN. COXE, 17 years. Nervous sanguineous temperament.

August 1st, 2d, 3d, and 4th; took 60 pellets 3d Hydroph., at 7 A. M., 2 and 10, P. M., of each day.

C. b. b; DAN. COXE. Second proving of 6th potency.

August 18th, 19th, and 20th; took 60 pellets 6th Hydroph., at 7 A. M., 2 and 10, P. M., of each day.

C. c; CHARLES C. COX, 7 years. Nervous Bilious temperament.

August 18th, at 8 P. M.; took 60 pellets 6th Hydroph.

" 19th, at 7 A. M., 2 and 10, P. M.; 60 pellets.

" 20th, at 7 A. M.; 60 pellets.

C. d; N. E. W., 18 years. Bil. Lymph. Tempt.

August 3d, at 9 P. M.; took 60 pellets 3d Hydroph.

" 4th, 5th, and 6th, at 7 A. M., 2 and 10 P. M.; 60 pellets.

- C. d. b*; N. E. W. Second proving of 6th potency Hydroph.
 August 18th. at 9 P. M. ; took 60 pellets 6th Hydroph.
 “ 19th, 20th, and 21st, at 7 A. M., 2 and 10 P. M. ;
 60 pellets.
- C. d. c*; N. E. W. Third proving of 30th potency Hydroph.
 Sep. 27th, at 9 P. M. ; took 70 pellets 30th Hydroph.
 “ 28th, 29th, and 30th, at 6 A. M., 2 and 10 P. M., 70
 pellets.
- C. e*; A. R. SHAW, 18 years. Sanguine tempt.
 August 6th, at 8 P. M. ; took 60 pellets 3d Hydroph.
 “ 7th, 8th, 9th, and 10th, at 5 A. M., 2 and 10, P. M. ;
 60 pellets.
- C. e. b*; A. R. SHAW. Second proving of 6th potency Hydroph.
 August 25th, at 9 P. M. ; took 70 pellets 6th Hydroph.
 “ 26th, 27th, and 28th, at 6 A. M., 2 and 10, P. M.,
 70 pellets.
- C. f*; Miss A. S., 30 years. Nervous temp.
 August 14th, at 9 P. M. ; took 60 pellets, 3d Hydroph.
 “ 15th, and 16th, at 5 A. M., 2 and 10, P. M., 60
 pellets.
 “ 17th, at 5 A. M., 2 and 10, P. M., 70 pellets.
- C. f. b*; Miss A. S. Second proving of 6th potency Hydroph.
 August 28th, at 9 P. M. ; took 75 Pellets, 6th Hydroph.
 “ 29th, 30th, and 31st, at 6 A. M., 2 and 10, P. M. ;
 75 pellets.
- C. f. c*; Miss A. S. Third proving of 30th potency Hydroph.
 Sep. 18th, 19th, and 20th, at 6 A. M., 2 and 10, P. M.,
 300 pellets.
- C. f. d*; Miss A. S. Fourth proving of 3d decimal $\frac{1}{1000}$.
 October 23d, at 9 P. M., took 75 pellets. 3d decimal Hyd.
 “ 24th, 25th and 26th, at 6 A. M., 2 and 10 P. M.,
 200 pellets

DIGEST OF SYMPTOMS.

Mind.—Feeling as if something annoying was about to happen, goes off when thinking of it *C. a*. He cannot prevent ideas of something awful about to happen, or as if he would do something awful, *C. H. g*. Feeling as if I had heard, or was about to hear

something bad; morose and crabbed feelings until 4 P. M., fourth day, *C, a, b*. An indescribable idea, which I could not shake off of something dreadful about to happen to me, *C, a, d*, all day feeling as if some great misfortune was about to occur, *C, a, d*. Mind much depressed, felt, as if something disagreeable was about to happen, third day, *C, b*; Felt very cross, and did not want to converse, or see any one, *C, a, d*. Very cross, so much so, that my children expressed great surprise, took offence at the veriest trifles; scolded my wife and children, felt wretched, could not concentrate my attention on anything, *C, a, d*. Very cross and crabbed until ten and an half, P. M., when I fell asleep, *C, a, d*. Inclined to use offensive expressions, *C, H, g*. Offended at every thing, gives offensive answers, *B*. Disposed to get mad, *N*. Thought came into his mind to attack others in a mean way; to cut others with a knife he holds; to throw the water he has in a tumbler into another's face, *C, Hg, o*. Biting snapping, with convulsions, *V*. Irritable, with head ache, *V*. Irritability, *B*. Cross and hypochondriacal in the evening, *Schm*. During the first two or three days, temper more equable than usual, *C, f*. Felt nervous, and irritable, 7th day, *C, f, b*. Felt very irritable at trifles *C, f, C*. Am extremely irritable or rather feel stern, 6th day, *C, f, c*. Feel irritable, spoke short to the children 9th day, *C, f*. The last day or two feel more morose caught myself saying to nephew in a severe tone "if you do that again, &c.," when he was not really in fault, *C, f*. Felt very nervous and much excited 3d day, *C, f, c*. Impatient all day, *C, f, b*; with the headache *V*. Undecided with little things, *C, H, g*. Restlessness in the mind during the forenoon and at noon, *Schm*. Anxiety of mind restlessness with great prostration *V*. With pain in the heart, *V*. with the headache, *W*. Felt unusually serious, *Cf*. Bitterly crying, with headache *V*. Had a good cry before going to bed, felt very sad, 3d day, *Cf*. Sighing, *V*. With oppression in breathing, *V*. With pain in heart, *V*. Sang more than usual, did not feel at all merry, singing involuntary, *Cf*. Singing in walking through the whole house, entire day, *V*. Exhilarated, felt as if he had received joyful intelligence all day, *C, a*. Happy disposition after perspiring in the evening, *V*. Excited cannot sleep, *V*. Occasionally exhilarated then again morose, both feelings going off very readily upon conversing, *C, a*. Exaltation, thinks he was something of importance, *C, Hg*. admires his own skill in talking fluently Latin in a dream,

C, H, g. Subordination, like a servant in a dream, *M, g.* There seems to be two distinct trains of thought operating at one and the same time, *C, f, c.* A strange oppression and indifference as if he was unable to do anything if he forces himself, there is no power in the mind, *C, H, g.* Have found it difficult during the whole proving to think intently and at times, almost impossible, 7th day, *Cff.* Dulness and stupidity, 2nd day, *C, d, b.* At night with restlessness, *E.*

Dizziness.—Slight vertigo when rising from a chair, 6th day, *Cb.* Memory for words much better, *n.* Plays chess much better, but cannot relate a story, *C, H, g.*

V.

V.

Slight dizziness and nausea 6th day, *Cf.* Dizzy headache, 11th day, *Cf.* Dizzy headache all day, spirits not depressed 3d day, *C, f, c.* Have had all day a singular sensation in head 3d day, *Cf.* Feels as if a leaden ball was rolling about in the brain, *C, d, c.* He loses consciousness for a moment *C, Hg.* A slow vacillation or waiving of the head from loosing something in the upper part of the head, *C, Hg.* After lying down in bed a giddy-like shock in the upper part of brain, *C, Hg.* Dizzy as if he could not hold the head *C, Hg.* Vertigo while sitting and after rising or walking he staggers, *B.* After stooping dizzy, and loosing sight, *B.* While stooping giddiness on the right, *V.* A dizzy dulness in the vertex, he fears to fall while walking in the evening, *C, Hg.* Dulness in the middle of the brain where it waves and moves, *C Hg.* Dulness in the forehead, more to the right side, *C, Hg.* Dulness in occiput, after a while becoming painful, *C, Hg.* Lightness in head, *Schm.* Lightness after nausea, *V.*

Headache.—Dull heavy pain in the head, *C, c.* Severe heavy dull pain in forehead, lasting five hours, *C, c.* Dull heavy pain in forehead, and sharp pricking pain in left temple, sometimes attended with throbbing and punching, *Cc.* Pain in head 5th day, *Cf.* Considerable pressing pain in head, 7th day, *Cf.* Violent pressing outwards in forehead, the patient put the head towards the wall, *Br.* 2 P. M., intense pain in head extending back of forehead to organ of firmness, soon after to whole top of head, or to eyes, lasting all day, 2nd day, *C, f.* Pressing pain in forehead *Schm. B* and *V.* with sensation of heat, *V.* Pain in forehead in the protuberances, *Soon,*

n. Walked out and had headache, or after walking five minutes felt sharp pain across eyebrows or up the nose, felt exceedingly fatigued and weary after a short walk, 4th day, *C, f, b.* Dull pain in forehead, occasionally on left side with a stupid feeling, *n.* During the afternoon and evening, headache over the eyes, *B, b.* In the bones, *B.* Severe headache, 5th day, *C, f, b.* At 9 P. M. severe shooting pains in the head over the eyes, and in the temples, also a very violent aching pain inside of and all over the chest, 2nd day, *C, b, b.* Pain in head which was very severe until 9 P. M. *C, b, b.* 4th day. Pressing pain in forehead and vertex, more after moving the head and stooping, *Schm. B.* At 9 A. M. most severe headache in both temples and over eyes unbearable, causing him to cry bitterly and refuse to take another dose, *C, c, 7.* Drawing, beating pain over the eyes and into the balls, *n.* Headache still severe, but not as painful as yesterday, pains and aches less severe, *Cc.* Pain over the left eye previous to retiring, 4th day, *C, f, b.* Sharp pain across eyebrows afterwards burning in the eyelids, 5th day, *C, f, b.* I have also a severe headache from temple to temple of a throbbing beating nature, 5th day, *c, d.* Pain over right eye inwards, pressing the temple, *B.* Boring in temple every second day in the left, morning the 4th day, *Schm.* Great pain in head from temple to temple all day, *C, d, b.* Head aches severely from temple, to temple 5th day, *C, d, c.* During the day headache very intense at times in right temple, *C, f, c.* Throbbing headache in forehead, vertex and occiput, down to the neck, *B.* Headache all day most severe in right temple, beating, throbbing and pulsating, *C, a, d.* Throbbing, pulsating headache, most severe in right temple and over right eye, *C, a, d.* Pain in temple from the jaws, *V.* Pain in head, greatest one and a half inches above left eye, *C, f, C.* Tearing from forehead towards left side, *B.* Dulness in the forehead more to the right side, *C, H, g.* Dulness in occiput after a while becoming painful, *C, H, g.* Lightness in head, *Schm.* Lightness after nausea, *V.* Rush of blood to the head while lying down *C, H, g.* After moving, turning, stooping, feels as if head would burst, *V.* Rush of blood from the chest upwards, with toothache during pregnancy *C, H, g.* Left side of head is now and has always been most, severely afflicted, 6th day, *C, f.* Head still aches most on left side, little if any pressure, 8th, *C, f.* Pressure in left side of the head with boring and shutting inwards, doubtful, think it is shooting,

extends to forehead and eyes in the evening, *Schm.* Head feels as if it would split and a great pressure on top, *C, d, c.* Pressing pain on top of forehead while reading, and thinking in the afternoon with restlessness of mind, *Schm.* Beating, pressing on top; painful pressure on top on moving the head, with fever and prostration, *Schm.* much pressing pain on top of head. feels as if a form fitting top of head was pressing on it, 5th day, *cf.* Pressing heaviness on top, *B.* Pressing shutting on top, *C, Hg.* Strange pulsation on top, *V.* Shocks, like dizziness, *V.* Dulness, *V.* Pressing on occiput, upper side, *B.* Tearing and shooting like in the bone, *B.* Could detect no symptoms save a slight headache on top, 8th day. *C, f, b.* Slight pain in head, back part, 7th day, *Cf.* Slight burning pain in forehead, *C, f, b.* Headache relieved by cold air, *etc.* Afternoon pain in head, sick headache, *C, f, c.* Sept 8th, no pains until 3 P. M., when head ached severely until 9 P. M. *C, d, c.* At noon slight headache, lasting all day, *C, a, c.* At 3 P. M., headache very severe *C, d, c.* Headache quite severe, *C, d, c.* A severe impatient headache through the whole morning, *C, f, c.* Oct. 17, 18, 19, a very intolerable snappish irritable headache, these three days with the jaws stiff and sore, the hands numb, *C, f, c.* Headache all day quite severe and implicating eyes, feel lazy, requires an effort to think 4th day, *C, f.* August 22d, headache not severe, pain extends into right eye 4th day, *c, f.* Some headache and pain in eyes, 6th day, *C, f.* Pain in small spot over right eye brow, rendered worse by writing, *C, f, c.* Headache severe, *C, f, c.* Burning waiving towards the head, *V.* Headache alternately with flushes in fact, *V.* Towards noon slight headache and slight increase of saliva, *C, d, c.* Headache all day, throat *slightly* sore, 6th day, *C, f.* September 4th, sore throat and headache all day, *C, a, c.* August 21st, Slight pain in head and heart; *C, d, b.* August 9th, Dull pricking pain in left side from head to waist; *C, C.* Pain from mouth up through head and down, to back of neck, quite severe, *C, f, c.*

(Here I would mention that my mother is subject to very severe headaches and has been for many years. Tabacum generally relieves her better than any other remedy. I gave her 6 pellets of Hydrophobin upon the recurrence of an attack; and it relieved her immediately, and a pain in the back, very severe, was relieved by it also, *C, f, c.*) Violent pressing outwards in forehead, the patient

put the head towards the wall, *B. r.* Pressing pain in forehead, *Schm. B. V.* with sensation of heat, *V.* Pain in forehead in the protuberances, soon, *n.* Dull pain in forehead, especially on the left side, with a stupid feeling, *n.* During the afternoon and evening *headache over the eyes*, *B* and *V.* In the bones, *B.* Pressing pain in forehead, and vertex more after moving the head and stooping, *Schm. B.* Drawing beating pain over the eyes and into the balls, *n.* Pain over right eye pressing inwards, *B.* Boring in the right temple every 2nd day; in the left morning the 4th day, *Schm.* Throbbing headache in forehead, vertex and occiput down to the neck, *B.* Pain in temple from the jaws, *V.* Tearing from forehead towards left side, *B.* *Pressure in left side* of head with boring and shooting inwards, extends to forehead and eyes in the evening *Schm.* *Pressing pain on top* and forehead, while reading and thinking in the afternoon, with restlessness of mind, *Schm.* Beating pressing on top, *Schm.* Painful pressure on top by moving the head, with fever and prostration, *Schm.* Pressing heaviness on top and to the right, *B.*

Scalp.—Right side of head feels stiff, as if it would become numb, 3d day, *C, f.* Numbness in left side of head, *V.* Skin of head seems contracted and pinched up, 5th day, *C, f, b.* Whenever I put my finger on my head there is always a strong subsequent pain, lasting a considerable time, *C, f, c.* Scalp very sensitive, *C, c, b.* On right side of vertex something comes from within, and itches, *C, Hg.* Pimple on left forehead, afterwards on the right, *Schm.* Irritable headache, touching the head makes it ache, 6th day, *C, f, b.* Itching in acquisitiveness, 5th day, in the morning, *C, f.* My hair, which is usually dry, has become very oily to day, the first time I remember such an occurrence, 3d day, *C, b.*

Ears.—Ears feel very stiff, *C, f, b.* Rushing noise, like water falling, in left ear, *B.* Buzzing in right ear, *Schm.* Rush of blood to right ear, after it a pressure, as if from a dull point, *C, Hg.*

Sight and Eyes.—Great weakness in eyes, but no pain, *C, d, c.* Weakness of eyes when looking upwards, *B.* Left eye extremely sensitive to light, and weeps, unusual with me, my eyes being very strong, *C, f, c.* Dimness of sight, with giddiness, *B.* Something moves before the eyes, but always at a distance from the place she looks at, *B.* Some pain in eyes, 8th day, *C, f.* Eyes ached

intensely, *C, f, c.* Soreness in eyes and pain in forehead above them, 2d day, *C, d.* Feel very bad to day, severe pain in eyes and in all my joints, *C, d, c.* Burning in eye-balls, *N,* Burning in eyes, *B.* Burning in the lids, *V.* Tickling and heat in eyes, *V.* From the neck, *V.* At 9 A. M., felt a curious stinging pain in left eye, extending to forehead, over right eye painful, 3d day, *C, b.* Eyes somewhat red and inflamed, (the Cornea) *C, a, d.* Eye-lids as if they were lame, or more firmly closed, in the morning, *B.* Eyes blood-shot and painful, 4th day, *C, c.* No pain, but eyes still slightly red, and occasional stiches in right temple, *C, c.* Inflammation in eyes during the day, 10th day, *C, f.* Inflammation of one eye; Frothy matter pours out between the lids; Pimple around the eye, since the bite of a dog in the finger, *B, r.*

Smell.—My sense of smell, which is always extremely acute, became painfully so, particularly in reference to unpleasant effluvia. The action of the nostrils was *extremely* painful, *C, f, c.* The greatest sensibility to the smell of Tobacco; tastes the snuff, while the box is one foot distant, *C, f, d.*

Nose.—Pain in nose, 2d day, *C, f, b.* In the nose, and right neck, and side; feel very stiff, most about the jaws, 5th day, *C, f.* Itching in nose all day, *C, f.* Nose feels bruised, 5th day, *C, f, b.* Nose pains from thinking, *V.* Sharp pain runs up the nose, *V.* Head-ache extends into the nose, *V.* Tickling in nose, *V.* Frequent sneezing, ceases after his attention is called to it, *M, y.* Often coagulated blood in the nose, *B.*

Face.—Slight twitchings in face and hands, *C, f, c.* Feeling as if bitten in the face, left side of mouth, *C, f.* In the morning, (6 A. M.,) tickling in left cheek, *C, f.* Feel as if I was going to have the mumps, 2d day, *C, f, b.* Quivering in face, *V.* Knawing in right jugular bone, *C, f.* Rending and tearing pain in right jugular bone, *B.* Quick drawing from the right malar bone towards nose, *Schm.* Paleness and qualmishness, *B.* Face pale yellow, nearly brown, *C, Hg.* Heat in face, with redness, *B.* Heat in face, and soreness of left cheek, from thinking, *V.* Flushes and head-ache alternately, *B.* Heat in face after drinking coffee, *B.* Face sweats, with flushes, *V.* Slow maturing, bluish, pimples on face, *C, Hg.*

Jaws.—Both jaws feel stiff, tingling in cheek bones, 3d day, *C, f*. Something seems gnawing right cheek bone, 5th day, *C, f*. Jaw quite stiff at times, more painfully so than before, 10th day, *C, f*. Had slight jaw ache, lasting an hour, 5th day, *C, f, b*. Several severe twitches in jaws, *C, f, c*. Feel sore and stiff; have a great disposition to press the hand against the lower jaw, *C, f, a*. It draws about in right side of the face, *B*. Jaw bone feels quite sore, *C, f, c*. Jaws feel stiff, and a disposition to gape, *C, f, c*. While reading jaws began to ache, the longer I read the more they ached. Gaped frequently, 7th day, *C, f*. Jaw ache nearly all day, and pressure on top of head was severe, *C, f, b*. It seems to make the jaws ache to write, 2d day, *C, f, b*. Jaws ache severely, 2d day, *C, f, b*. Shooting pains in upper jaw, *C, f, c*. Rending pain in right upper jaw, towards the ear. Jaws ache, with the head ache, *V*.

Teeth.—All the teeth ache, *B*. Teeth very sensitive; pulsation in the teeth of upper jaw, *C, f, c*. Teeth feel on edge, 2d day, *C, f, b*. Pain in roots of back teeth, *B*. Head ache and ear ache extend into the teeth, *V, O*. Tooth ache during pregnancy, *C, Hy, O*. Gums painful, *B*.

Mouth.—Have had for a week previous to taking medicine, a dry, parched, mouth, with great thirst; now, mouth full of saliva, and total disinclination to drink, 3d day, *C, f*. Have had quite a sore mouth, feels as if there were lumps in it, *C, f, c*. Feeling of coldness, like essence of pepper-mint, *M, y*.

Saliva.—Saliva more viscid, constant spitting, feeling of general malaise all over, without pain, or knowing where to locate it; 4th day, *C, a*. Increase of saliva, not more viscid than usual; 3d, day *C, a, b*. Much tenacious mucus in mouth and throat; *C, a, c*. Much viscid saliva; *C, a, d*. A large quantity of viscid saliva in mouth, causing me to spit an unusual quantity; 3d day, *C, b*. A very large amount of viscid saliva, and an increase of oil in the hair; 4th day, *C, b*. Much viscid saliva; 2d day, *C, c*. Saliva very viscid and plentiful, sore throat all day; 3d day, *C, c*. Saliva more plentiful, but thin, and of a yellow color; 5th day, *C, c*. A great flow of mucous spittle; 2d day, *C, d*. A great flow of spittle; 3d day, *C, d*. Great flow of saliva, and difficulty in swallowing liquids; 2d day, *C, d, b*. Saliva very viscid, not more copious than usual; *C, c*. Much

saliva; *C, c, b.* Much saliva, not thicker than ordinary; 6th day, *C, f.* Much mucus in throat and nose; 4th day, *C, f, b.* Constant effort to swallow, or dislodge mucus, which seems glued between nose and throat; 8th day, *C, f.*

Throat.—Pain in the root of the tongue and left side of throat; 2d day, *C, f, b.* A desire to swallow, and spittle more copious and viscid than usual; *C, a.* Very slight sore throat, constant desire to swallow; 2d day, *C, a.* Sore throat increased, slight difficulty in swallowing liquids, much saliva, rather more viscid than usual; 3d day, *C, a.* Just before taking first moving dose felt as if I was unable to swallow; tried a mouthful of cold water, swallowed it readily, but with a kind of aching in throat, followed by a slight burning; this burning lasted all day; 4th day, *C, a.* Sore throat no worse, feels as if I had swallowed a small quantity of red pepper; 4th day, *C, a.* Felt as if the velum pendulum palati was elongated; examining, found it not so, but was slightly inflamed; 5th day, *C, a.* Slight sore throat, difficulty in swallowing liquids; this time, a real difficulty; epiglottis appeared partially paralyzed. (This symptom continued three days, in several provers, going off by degrees.) No difficulty in swallowing solids; *C, a, b.* Great heat in the throat and around the heart; 2d day, *C, a, b.* Burning down the œsophagus; *C, Hg.* Constant desire to swallow; 3d day, *C, a, b.* Slight inflammation of throat and fauces, as far as I could see; 3d day, *C, a, b.* Sore throat, increased saliva, no inflammation so far as I could see, though it felt as if inflamed, and hotter than usual; 7th day, *C, a, b.* Slight sore throat; *C, a, c.* Sore throat, and headache all day; *C, a, c.* Slight difficulty in swallowing; *C, a, f.* Throat quite sore, headache in both temples, numbness in both arms, slight pain in lumbar region all day; *C, a, c.* Violent spasm of throat at 2, P. M., feeling as if I was about to be suffocated; went off at 9, P. M.; *C, a, d.* Violent sore throat, quite inflamed, could not swallow, liquids ran out through the nose; *C, a, d.* Throat not so sore, but much inflamed, some difficulty in swallowing; *C, a, d.* At 3, P. M., felt a strange constrictive sensation in back part of the throat, never experienced before. At 4, P. M., worse, could not swallow without great pain, went off at 6, P. M., returned in an hour, lasting till 10 P. M., *C, b.* Quite a sore throat, constrictive sensation much worse, when attempting to swallow liquids, which I could not do without

pain: solids not painful, *C, b*. At 20 minutes to 7 P. M., the pain in throat, which had gone off, as it did nearly every day, returned more severely than ever, 4th day, *C, b*. Difficulty in swallowing renewed, and worse than ever, 6th day, *C, b*. Great difficulty in swallowing; sore throat, 2d day, *C, b, b*. Sore throat, *C, c*. Feeling of suffocation has left the throat, but I still have difficulty in swallowing, also soreness in the eyes, but not the pain above them, 3d day, *C, d*. Soreness in eyes and throat, and difficulty in swallowing the same, 4th day, *C, d*. At 10 A. M., felt a soreness and suffocation in back of throat, *C, d*. Sore throat, 3d day, *C, d, b*. Felt better after supper, (7 P. M.,) sore throat not so bad; difficulty in swallowing gone, or nearly so, 4th day, *C, d, b*. Sore throat, 3d day, *C, d, c*. Sore throat, not able to swallow without great pain, 5th day, *C, d, c*. Legs felt heavy and throat sore, *C, d, c*. A terrible pain in throat all day, and great pain in swallowing, *C, d, c*. At 11 A. M. soreness in throat till noon, *C, c*. Throat sore all day, *C, c*. Very violent sore throat; soreness over whole body, as if beaten, *C, c, b*. Sore throat, constant desire to swallow, *C, c, b*. Throat feels sore, and as if swelled, *C, f, c*. Throat feels raw, and as if about to become very sore, 5th day, *C, f*. Have had continual desire to swallow, 6th day, *C, f, O*. Inflammation of the throat, *Braung*.

Appetite.—Little appetite in the morning, *C, Hg*. Likes cold apple-butter, *C, Hg*. Better appetite than usual, *C, f, b*. Appetite to-day and yesterday perfectly ravenous, *C, f, c*. Aversion and disgust to every thing fat, particularly mutton, *Hg, C*. Not thirsty these two weeks, *C, f, b*.

Taste.—All through this proving, could not get my food to taste of salt, though I used more than usual; *C, f, c*. Feels better after meals; *V*. Sickness of stomach, after eating eggs, or fat meat; nausea, with giddiness and with headache; *V*. Nausea, with pale face after diarrhoea; *V*. During the day bile rises in the throat; an unusual quantity of tough saliva in mouth and throat; *C, f*. Vomiting of the supper at night; *V*.

Stomach.—Noise in the stomach like bubbles of water, pressure like something pointy; *C, h, g*. Pressing inwards in pit of stomach, after eating; *B*.

Hypochondriac Regions.—In the left, knawing pressure; *C. H. g.* Pressing pain after quick walking; *Schm.* Pain in left side; *C. f. b.* Painful throbbing, like abscess; *B.* Tearing from left to right; *B.* Shooting in right side of abdomen; *B.* Pain in region of liver and right kidney; *C. f. d.* Pain from within outwards right side; *V.*

Groins.—Dull pressure above the right groin, on a small distinct point; *Schm.* A dragging pain in both groins; a heavy, bruised feeling in both thighs; *C. b.* The glands in groins swelled *very much*, and pained greatly for two hours; 6th day, *C. b.* Pain in groins, and swelling not much abated; 7th day, *C. b.* Pain in both groins; the right groin has two little balls swelled up under the skin, quite painful; 5th day, *C. d.* Pain in back and both groins; *C. d. c.* During the day great pain, extending from uterus into breast and right side of abdomen; 7th day, *C. f.* At 2 P.M., much pain in right groin, and slight swelling there; 5th day, *C. f. b.*

Abdomen.—Shooting in abdomen; *B, V, C.* Feeling coldness and burning in abdomen; *B.* Burning, waving and rolling; *C. H. g.* Violent bellyache; *C.* Pressive, drawing and rending sensations; *B.*

Loins.—Aching in loins into back; *V.* Aching from loins down to feet; *C. f. b.* Drawing downwards; *C. H. g.*

Anus.—Bright red blood from anus, with a horrible burning and stinging, like thorns; *C. H. g.* Blood from anus during menstruation; *V.* Piles protrude; *V.* Pulsation outside of anus; *V.* Sphincter closes violently; *V.* Difficult and impeded passage of wind; *C. H. g.*, and *V.*

Stool.—Diarrhœa, Bute and Pehrson. Diarrhœa without pain in morning; *C. H. g.*; with pain in the morning; *C. f. d.* Softer stool than usual; *B.* and *C. H. g.*

Bladder and Urine.—Cold and burning feeling in bladder; pain in sphincter; *C. H. g.* Tickling burning in the urethra after urination; *Schm.* Urging to urinate; *C. H. g.* More urine, and brighter colored; *C. H. g.* Very frequent urination; very copious watery urine; Neidhard; urine brown, turgid, with reddish or whitish sediment; *C. H. g.* After urinating, flow of prostatic juice; *C. H. g.* Great weakness and prostration; *C. H. g.*

Sexual Desire.—Lascivious ideas and erection, afternoon; *C. H. g.*

Indifference during erection, and even during coition; *C. H. g.* Strong erection while undressing in the cold, with desire; no ejaculation of sperma, or too late, lasting three weeks; *C. H. g.** In several cases; *C. H. g.* No sperma during coition, afterwards the sperma passed off in sleep; *C. H. g.* Nightly emission in sleep, with dreams; Neidhard. Great weakness of the male parts; they feel empty, as if gone. Bearing down in urethra; *C. H. g.* Burning and tenesmus in region of prostatic, and down urethra; Neidhard Aching in testicles; *C. H. g.* After coition a painful feeling in testicles, particularly in afternoon; *C. H. g.** Testicles are getting softer and smaller; *C. H. g.** Hydrocele. Scrotum drawn up for three weeks; *C. H. g.* Itching on root of penis; *C. H. g.* Tickling and burning on corona glandis, with some greenish pus; Neidhard.

Female Parts.—Taken three days after menstruation is over, it reappears in two cases; *B.* Menstruation after two weeks, with hæmorrhoids, pulsation of anus, and weakness of back; *B.* Bearing down in uterine region; *B.* Sharp pains in uterus, shooting down to labia; *C. f. d.* Menstruation after fifty days, with headache; *C. f. d.* Slimy leucorrhœa during the proving; *C. f. d.** Prolapsus uteri of seven years' standing; *C. f. d.* Six cases of prolapsus uteri of long standing perfectly cured out of nine individuals; *C. a.** Chlorosis; Bau Gross. Strange notions and apprehensions during pregnancy; *C. H. g.*; Baur. *Toothache, backache, and other complaints of pregnancy; *C. H. g.** Inflammation of uterus in cows. Baur.

OBSERVATIONS ON ASTHMA.

BY DR. GABALDA.

Translated from the French by W. Geib, M. D.

(CONCLUSION.)

CHAPTER III.

Symptoms and diagnostic phenomena of Asthma.

1. *Dyspepsia.*—We have seen, that from the latest antiquity, the dyspnœa of asthmatics has received all the attention it merits. At first was especially noticed the tracheal *sifflement* which accompanies it. Later, we see authors analyzing the phenomena with more care, and noticing that inspiration is short and convulsive, while

expiration is retarded and difficult. This is in fact the most striking feature in this dyspnœa; it is constant, and found in every form of the malady. The convulsive character of respiration in asthma did not escape the notice of the first observers. In this dyspnœa in fact all the muscles which usually participate in the function of respiration appear to be in a state of spasmodic contraction, and to have lost their normal elasticity. The sick exert all their accessory powers to accomplish this function. Still it is evident that respiration is very imperfectly performed. Some writers have stated that death may result from dyspnœa alone. I have witnessed no example of this nature.

Dyspnœa in periodic asthma makes its attacks suddenly, and sometimes becomes extreme; in the forms in which it is of a continued type, it presents sudden aggravations, which completely recall the periodic asthma. In both cases the prompt access of the dyspnœa is pathognomonic of the malady under consideration.

The periodicity of these attacks and aggravations is another characteristic sign of the symptomatic dyspnœa of asthma. This fact, so remarkable; has been neglected by some authors in our days, because it interfered with the theory they wished to give of asthma; and should we believe the doctors on this subject, who have substituted emphysema for asthma, this characteristic is very rare. M. Louis, for example, advances "that dyspnœa was *uninterrupted* in all the cases in which it existed, except a young man, brought to the hospital for an attack of dyspnœa, the total continuance of which was eight days. It was the second he had suffered. Otherwise, in his case, all the physical symptoms of emphysema existed, and were proved during and subsequent to the attacks of dyspnœa." (*Loc. cit.*)

This fact of the continuance or non-continuance of dyspnœa, has served as a basis for the organicien theory which modern doctors have given to the disease under consideration. With them, in fact, the dyspnœa "*is in constant rapport with the emphysema, and this is the cause of the first.*" (Louis *loc. cit.*)

Unfortunately, the observation of facts does not allow us to admit the *constant rapport*, and still less to consider emphysema the cause of dyspnœa. There exists, in fact, a rapport between dyspnœa and emphysema, but this rapport is far from being constant. We have only, in the first place, to refer to the case just cited, of a young

man in whom *the physical symptoms of emphysema were continual during and after the access of dyspnœa*. In the second place, if even observation had demonstrated the reality of this rapport between emphysema and dyspnœa, it would not suffice for the conclusion, as M. Louis has it, that the first phenomenon is the cause of the second. It would be necessary, besides, to prove that emphysema precedes dyspnœa, or the contrary is the fact.

2. *Cough and expectoration*.—We have indicated the different characters which these two symptoms present in each of the forms of asthma. We will merely refer here to the fact, that the explanation which it has been desired to give of dyspnœa by the matter expectorated, which obstructed the bronchia, is not more fortunate than the opinions we have just contested.

In periodic asthma, this matter is deficient, or in very small quantity. With respect to what refers to asthma becoming habitual, Floyer has charged himself with refuting that mechanical theory, while he has been careful to note that the dyspnœa was notably diminished before the expectoration which supervened the attack had commenced.

3. *Pains of the Chest*.—There is another symptom which we have only mentioned in the description, and which we think merits some explanation, viz: the pains which asthmatics experience in the chest. These pains are sometimes very fugitive; existing sometimes in one point and sometimes in another, manifesting themselves during an attack and disappearing with it. It is what is observed in the periodic form, or in the first attacks of the common form. It is difficult to find an explanation for this phenomenon. However, we have happened to witness in some of the cases noticed, some small pleuritic effusions, which would seem to prove that those pains are connected with partial pluryisy. At other times those pains are continued; they are seated in a fixed point, and present exacerbations in rapport with those of the dyspnœa and the cough. These last are observed in habitual asthma. They are then the certain sign of a chronic pleurisy, which may be almost always noticed during life, and which, besides, is revealed by the opening of dead bodies, as a constant complication of inveterate asthmas.

M. Lewis has not thought proper to attribute these pains to the same cause, and for the following reasons: "These pains, he says, are not increased by inspiration or the cough, and cannot be attri-

buted to a chronic inflammation of the pleura, as much from this double circumstance as because the seat of the pain was the anterior of the thorax, which corresponds to a part of the lungs exempt from adhesions in emphysema, as in other cases, at least, that the adhesions are not general." For our part, we have always seen these pains augment in inspiration and the cough, especially during the continuation of the attack. As to the second argument drawn from the seat of pain, we find it impossible to attach any importance to it. Does not pleurisy itself have its seat of pain commonly also in front, under the nipple, and although this part may be often exempted from adhesions, has it ever occurred to any one not to refer the pain in this case to inflammation of the plura? M. Lewis, thinks, on the contrary, that these pains must be attributed to the dilation of the visicles of the lungs, "because they had their seat thirteen times in fifteen, on the side of the projection, and at the point which corresponds to it."

4. *Œdema and Anasarca.*—The œdema manifests itself sometimes during the attacks of the common form, and disappears with it. In the habitual form, and especially in the cachectic state, which is its sequel, the œdema persists, and anasarca does not rarely happen. The ancients regarded this state as the usual end of asthma. But we are authorized to ask at the present day, if they did not in these cases commit some errors in diagnosis, and confound asthma with affections of the heart. Their observations, and in particular those which F. Hoffmann has collected, prove that they have in fact, fallen into this dilemma. In our time, on the contrary, the serous suffusions which we are noticing, have always been referred to lesions of the heart or of the large vessels. These lesions are a complication, rather frequent, of habitual asthma, and when they exist, should be regarded as the cause of the anasarca which follows. Nevertheless, this phenomenon may exist in asthma without any lesion of either the valves or orifices of the heart.

I have seen, in an asthmatic who died at the Hotel Dieu, an ascites and an anasarca. The heart was only hypertrophied, as it always is, when emphysema endures a long time, but it presented no alterations either in the orifices or valves. The œdema which accompanies the attacks of the common form, and which disappears with them, proves besides, that asthma is well able alone to produce this phenomenon.

It remains for me to speak of the signs furnished by auscultation and percussion, and the inspection of the chest of asthmatic subjects.

In the periodic form, the most important sign, and sometimes the only one perceived by auscultation, is the absence of the vesicular murmur in inspiration. The pulmonary vesicles do not appear to be dilated by the introduction of the air; so that for the doctor as well as the patient, the air does not appear to enter the chest.

During expiration, which lasts four or five times as long as inspiration, sibilant and sonorous rales are heard, sometimes also mucous and sub-crepitant rales; but these latter only occur at the end of the attack. After this all these phenomena disappear, and respiration resumes its normal character.

In the first attacks of the common form, especially when they are sudden, we do not observe the same stethoscopic signs as in the periodic form. But in proportion as the attacks approximate each other, and the habitual dyspnœa becomes more pronounced, these signs become modified. The sub-crepitant rale becomes then the most marked and constant sign. This rale is first heard in the inferior posterior part of the thorax; sometimes even it is confined to that region. But more frequently it extends to other parts, and in general when the asthma is of long standing, it is heard in the whole extent of the chest. Still it is always much more marked at the inferior posterior part of the thorax. The sub-crepitant and sibilant rale become much stronger during the attack. These rales have not always the same intensity in the two sides of the chest; it may even happen that they are only heard on one side. These differences are in rapport with those which are presented by the lesions of asthma. It is known in fact, that emphysema does not always exist in a degree equally manifest in the two lungs, and that it may exist only in one, or even but partially in that. Besides the stethoscopic signs which we have just named, many others may exist that are determined by the accidental complications of asthma, such as a bronchitis, or a pulmonary œdema, &c. These signs are the sonorous, the mucous rale, &c.

What we have said of the common form, applies to the habitual form (*d'embler*.) In this the sub-crepitant and sibilant rale exist constantly, and present an increased intensity during the paroxysms.

In this form the other stethoscopic signs are very variable, on account of the numerous complications which may supervene. It also presents sometimes a peculiar phenomenon when emphysema is complicated with the dilatation of some bronchial tube; we then hear in the seat of this affection a soufflant respiration, bronchophony, or even pectoriloquism; as Laennec has seen it.

The sound obtained by percussion is generally very exaggerated in asthma. It is especially in the attacks of the periodic form that we can witness this remarkable increase of sonority. It is the same in the first attacks of the common form; but when this form has endured a certain time, as well as in habitual asthma, the phenomena of which we speak no longer present the same intensity, or at least the exaggeration of the sound is not equally marked in all parts of the thorax. These changes are explained by the adherence of the false membranes of the pleura, and by the infiltrations from the inflammations of the pulmonary tissue which happens to complicate asthma in its advanced periods. We notice generally in these cases an exaggerated sound in the anterior superior regions of the chest while there exists a corresponding dullness, more or less marked, in the posterior inferior lateral regions of the thoracic cavity.

The inspection of the chest furnishes also some diagnostic signs of asthma. When this disease has continued a certain time the chest increases in volume; it becomes convex before and behind, and according to Laennec, it tends to assume a globular shape. Besides this general augmentation of the thoracic cavity, M. M. Louis and Jackson have pointed out in their researches on emphysema some partial bulgings of the chest.

These projections according to the observers we have just cited, must be in rapport with the parts of the lungs more particularly affected with emphysema. Experience has not confirmed this discovery, and M. Beau has conclusively demonstrated that it reposes on an illusion and insufficient observation. (*O. Archives gener de Medec.* 1840.)

CHAPTER IV.

THE LESIONS OF ASTHMA.

Emphysema.—The principal lesion of asthma is emphysema. This lesion has been signalized by several authors before our time.

Van Swichen reports three observations of Ruysch, in which emphysema is described with some details; then he adds: "*Merito autem credidit Ruyschius hanc posse esse causam asthmatis et quidem frequentiore quam creditur.*"

We find the following observation in a book entitled, *Observations anatomiques tirées des ouvertures d'un grand nombre de cadavres, &c.*, par Pierre Barrère, professeur en médecine de l'Université de Perpignan, 1755.

OBSERVATION.—*Œdematous emphysema of the lungs.* "The name of Laurier, an invalid soldier in the garrison at Prats de Mollo, aged about fifty years, strong and robust, square built, entered the hospital of Perpignan, May 4, 1752, complaining of difficult respiration; his pulse was small and irregular, he coughed a good deal, and did not expectorate. I asked him if he had been subject to asthma, and he replied that formerly he had had that disease. I thought at first it was an asthma I had to contend with.

I ordered him three bleedings in two days, and a few pugils of Benjoin in powder, which I found good in asthmatic affections. The patient found himself relieved by these remedies; however, I always found him lying on his back, with his head elevated; I also remarked that his feet were somewhat œdematous. Twenty-four days afterwards, the patient was suddenly seized with great difficulty of breathing; he is bled, the pulse retires and diminishes rapidly, the respiration becoming more and more difficult; the respiration could be seen, as it were, to come from the bottom of the belly. A half hour before death the patient was cold over his whole body, and expired without the least movement, the 25th May, 1752, in the morning.

"*Opening of the body.*—I raised the sternum, and saw the two lobes of the lungs extremely large; they occupied the entire cavity of the chest, especially the right lobe; they were whitish, very soft to the touch; when compressed with the fingers the impression disappeared very slowly; the left lobe of the lung adhered a little to

the pleura; I cut into the two lungs, and nothing came from them but a whitish froth mixed with a little blood. What I remarked as singular, and which struck me were two transparent vesicles inflated like a balloon, at the concave part of the right lobe of the lungs, near the edge, and attached each by four membranous ligaments to the substance of the lung. One of these vesicles was like a large hen's egg; the other was the size of the thumb. I thought at first they were two hydatids, but hardly had I given them a blow of the scalpel when their rotundity departed. There was nothing extraordinary in the pericardium, nor in the heart, except some clots of blood. I found a little water effused in the lower belly. I have only once observed the fact that I have just reported." (*P.* 119, *loc. cit.*)

Flayer after having described emphysema, which he had observed in a broken-winded mare, adds: "This flatulent swelling of the lungs has often been observed in asthmatics. Charles Lepois has observed in an asthmatic a difficulty of respiration proceeding from an inflated lung. De Graaf, (*de Succo pancreatico*), is said to have often found the substance of the lung and the vesicles distended by flatulence. Other authors have seen the lungs so enlarged, that they could hardly be retained in the open thorax."—(Flayer, *loc. cit.*, p. 284.)

Sauvages has admitted a variety of asthma, which he call *Asthma equinum*. "Horses affected with this malady," he says, "have a hollow chest cough, and beat their sides. This species of asthma differs from others in so much, that the cellular tissue of the lungs is entirely emphysematous, as Flayer has observed in the dead body of a broken-winded mare, and which I have seen myself in the lungs of an asthmatic cow. *The interstices of the lobes of this viscous were transparent.* This is properly," adds Sauvages, "a species of emphysematous asthma to which men are not less subject than horses." (Sauvages, *Nosology*, t. iv. p. 591, trad. franc.)

These citations, which certainly might be multiplied by more extended researches, will suffice to prove that emphysema was known before our time; but this knowledge is very imperfect, as we are able to judge of it. However, physicians had lost the trace of these rudimental ideas, and did not suspect the existence of emphysema when Laennec undertook to describe this lesion. Thus should we attribute to that illustrious physician all the merit and glory of

the advancement which medicine has made on that subject. The researches of M. Louis, and those of M. Andral, have added many useful hints to the description of Laennec.

We are going to describe emphysema according to the works of these authors, trying to elucidate, by our own observations, what they may offer that is uncertain or contradictory.

Emphysema consists in hypertrophy of the lungs with dilatation of the vesicles and bronchial ramifications, rupture of the parietes of the vesicles, and the formation of new cells in the interlobular partitions of the lungs.

Let us separately examine each of these characteristics. What first strikes us on opening the body of an asthmatic, is the remarkable volume of his lungs. In place of yielding under the pressure of the atmosphere, they spring out as soon as the sternum and ribs are removed. This first fact, which all observers have noticed, does not suffice to prove that the organs of respiration are hypertrophied, but the facts which we are about to state will place this truth beyond all controversy.

If you press an emphysematous lung between the fingers, a considerable resistance is felt; it requires greater effort than in a normal state, to bring the parietes of the air cells together. Further, in place of hearing that firm and dry crepitation from a healthy lung under similar circumstances, we perceive the sensation similar to that which is experienced in feeling a down pillow, agreeably to the comparison of Laennec. On what does this resistance and this feeling depend? Of all the explanations which have been proposed of these phenomena, that given by Laennec appears to me the most admissible. "These phenomena," says he, "appear to indicate, either a more difficult communication than in the normal state, of the air contained in the bronchial vessels with that which fills the bronchia or diminished flexibility of the lamellæ, which form the parietes of the air cells. The two causes united, probably, concur here to produce the effect. The first is evident in a great number of cases. The second cause is also very probable, for the thickening of a membrane is a very frequent consequence of the habitual distension, and emphysema appeared in the cases named, to be accompanied with a certain degree of hypertrophy." (*Auscult, med.*, t. 1, p. 284.)

Be this as it may, this resistance can be overcome by sufficient

pressure, and when you have attained this result, and the pulmonary tissue has been divested of the air which it contained, it is plainly seen that the mass of the parenchyma is augmented, and that consequently the lung is hypertrophied. Besides, the hypertrophy of the lung in emphysema is admitted by all pathological anatomists who have studied this lesion. Laennec does not admit a doubt, as we have seen. M. Andral has established the same fact. Let us notice what he says on this subject in his *Treatise on Pathological Anatomy*:—"The hypertrophy of the pulmonary parenchyma, without induration, properly so called, presents a variety worthy of all our attention; it is that in which, while the parietes of the bronchia and air cells are thicker than usual, their cavity is notably enlarged. We may be easily assured of this by desiccation. If then we cut the lung in slices, we find throughout, or only in certain places, in the first place, some cavities much larger than in the normal state, and then also some of the parietes, which are much thickened." (*Loc. cit.*, t. 11, p. 546.)

M. Louis has maintained the same opinion. This author has the credit of placing this fundamental characteristic of emphysema more in relief than his predecessors. "The lungs," says M. Louis, "at the point where the cells are dilated, yield more easily to pressure than in the normal state; and as I have already said, their tissue often being deprived of air, was found thicker than that of a healthy lung; that is to say, it was hypertrophied. But which part of the organ exhibits the hypertrophy? The vesicles; at least every thing tends to this opinion; for it is a law of our economy, that the membranous tissue is thickened at the same time that it is dilated by some cause." (Louis, *Loc. cit.*, p. 164.)

At the same time that the lung is hypertrophied, its vesicles are dilated, and become less uniform. The greater part of them equal or exceed in volume a grain of millet; some attain the size of a hemp-seed, cherry pit, or a French bean. (Laennec.) Often the most dilated of the vesicles do not raise the surface of the lung; at other times they form a slight projection. More rarely we see the air cells distended to the size of a cherry pit and even larger, entirely projecting from the surface, quite globular and even pedicular. If cut, they are found to be not at all real pedicles, but merely a simple contraction at the point where they rise from the

surface of the lung. They communicate besides with those in their vicinity, and with the bronchia.

The bronchia, and especially those of a small caliber, participate in the dilatation of the vesicles. However, these two lesions are not in constant and uniform rapport, as said by Laennec and Louis; that is to say, that it is not always at the point where the dilatation of the vessels is most marked, that the bronchia themselves are the most dilated. Besides, we do not observe bronchial dilatations in all cases of emphysema, and the two authors I have just cited agree in saying, that this dilatation is quite rare relatively to the frequency of emphysema. I think, for my part, that the dilatation of the bronchia is much more frequent in the habitual form of asthma than in the other forms of that disease. This habitual form distinguishes itself by inflammation of the mucous membrane of the bronchia almost constantly, and I am not far from believing, that the inflammation has much to do in producing this dilatation; also, the latter may be more or less extended, and it may only occupy a very circumscribed point of a bronchial branch, and form at that point a sort of cavity; and it may also happen, as Laennec has observed, that there may be in the course of a bronchial branch a series of successive enlargements. The dilatation may also have its seat at the extremity of a bronchial branch, and then the latter would appear to terminate in a blister.

We are going to make known the first two characteristics enumerated in our definition of emphysema, hypertrophy of the lung, and dilatation of the vesicles, and ramifications of the bronchia. The third characteristic, the rupture of the parietes of the air cells, is admitted by Laennec and M. Andral. According to these two authors, when the dilatation reaches a certain extent, the parietes of the cells give way, and the air finds its way into the ambient cellular tissue of the lung. It is certain, that having dried an emphysematous lung, it is cut in slices, and examined, either with the naked eye or with a microscope, we see cells irregularly dilated, and whose partitions are for the most part ruptured. This is what is seen. But can we affirm, as do Laennec and Andral, that there is infiltration of air in the inter-vesicular cellular tissue? This fact may be admitted as an hypothesis, but it appears to us to defy anatomic demonstration.

Another very remarkable phenomenon in the lesion of asthma,

and the last we have enumerated in our definition of emphysema, is the formation of cells in the interlocular divisions. (*Emphysema inter-lobulaire*, de Laennec.) "The infiltrated membranes," says Laennec, "in place of the almost inappreciable thickness, and of the whiteness and opacity which are natural to them, present the size of from one to five or six lines, and sometimes even of the thumb. They form at the surface of the lung, and principally towards the edge, some transparent bands, and very exactly defined, which transverse it from one face to the other, or at least penetrate profoundly its substance, and contrast by their opacity with the pulmonary tissue." (*Loc. cit.*, t. l., p. 524.).

These new cells, developed in the thickness of the interlobular membranes, communicate freely among themselves and the pulmonary vesicles, as may be proved by cutting a dried lung and examining it with the naked eye, magnifying glass, or a microscope.

Emphysema, as we have just described it, is the most constant lesion of asthma, but it is not exclusively proper to that disease.

It is observed in all those accompanied with an habitual dyspnœa. Facts are not wanting to support what we have advanced. Some are furnished by M. Louis himself, for among the six observations reported in his Memoir, the first is a cancer of the larynx, and the fifth and sixth are cases of phthisis.*

These diseases, cancer of the larynx and phthisis, generally lead to more or less emphysema of the lungs, in consequence of the dyspnœa which accompanies them. It is the same with all the tumors which compress either the trachea or the bronchia.

Besides emphysema, other lesions are found in the malady under consideration. Among them, the most frequent is inflammation of the mucous membrane of the bronchia. In the common and habitual forms of asthma, the paroxysms of dyspnœa on the attacks of the disease, are generally accompanied by a bronchitis more or less extensive. In asthmatics that succumb after a long continuance of the disease, the mucous membrane of the bronchia is found thickened, of a violet red, and covered with mucus containing some

* M. Louis has given these facts as examples of emphysema. If this last word had no other sense for him than we give to it, I should not see any great inconvenience in M. Louis having presented examples of the same lesion in several diseases. But, as emphysema is for him a disease and not a lesion, all will perceive the danger there is in thus confounding in the same category, facts referring to morbid phenomena so different.

pseudo membranous corpuscles. In a man of forty-three years, affected with an habitual asthma for several years, who died at the Hotel Dieu in 1846, I observed the corpuscles of which I speak, in an enormous quantity. I have found them again, since that, in other similar cases. These corpuscles are pale, of the size of the head of a pin, like concreted pus, and are ruptured by the least pressure. The mucus itself presents, sometimes, a certain friability and in that case it can be detached with more ease than in the normal state. The bronchial ramifications are sometimes dilated as already named.

The inflammation of the parenchyma of the lungs is also to be noticed in asthma. The common form is frequently complicated with acute pneumonia. When death follows the complication, the lesion of the lungs does not differ in this case, from that which is seen in simple pneumonia.

But it is not so in habitual asthma. There the lungs present, sometimes, a partial chronic inflammation, the particular character of which merits all our attention. It is not always the same, but differs according to the maturity of the lesion.

In the patient we have just cited, at the same time with inflammation of the bronchial membrane, there was a partial pneumonia, which we are about to try to describe. In the left lung were several lobules in which the pulmonary tissue had completely lost its visiculous character. This tissue was compact, of a remarkable hardness and density; it did not present the friability peculiar to a recent hepatitis. The inferior lobe of the right lung, had also lost its visicular character, but it was not so hard as the lobules of the left lung. Its tissue had the appearance of the muscle of meat, after a short maceration; and it was for this that it was called carnification. In another case, the pulmonary tissue was found equally hard and very dense. The incision of this tissue exposed the fact, that it had entirely lost the character of normal pulmonary tissue. The incised surface of this compact tissue looked slate color, sprinkled with yellowish points, which bore some analogy to tuberculous granulations; this compact and slate colored tissue looked indeed like some tuberculous infiltrations. But it was easy to see that these pretended granulations were formed by a purulent liquid, either contained in the pulmonary vesicles or the last ramifications of the bronchia. It was also evident that the pulmonary tissue had not suffered any

tuberculous transformation, and that its hardness and slaty color did not at all refer to that cause.

At the circumference of the lesion which we have just described, the pulmonary tissue was reddish and friable as in hepatisation. Finally, in another patient who yielded to the same malady, we observed a chronic pneumonia whose anatomical character differed from the two cases which preceded. In him the portion of the lung affected had a hardness comparable with leather. It creaked under the scalpel, and the incision exposed a tissue which appeared formed by false membranes in layers and intimately united together. These lamella, of a grayish color, had the hardness and toughness of leather. They had completely replaced the pulmonary tissue, of which no more trace was to be perceived. We think these different states come from one cause; the chronic inflammation of the lung.

Besides the cases of pneumonia which we have pointed out, we generally find some sero-sanguinolent congestions of the pulmonary tissue in persons who die of asthma.

The pleura also presents some lesions in this disease. These are, indeed, more frequent than those of the lung. These lesions consist in adhesions and false membranes. The one and the other are more or less extensive, and generally in rapport with the duration of the disease.

Finally, the heart invites us to consider certain alterations in the disease before us. These alterations consist in dilatation of the orifices and cavities of this organ; with hypertrophy of its parietes. The dilatation and hypertrophy exist principally in the right heart, as is observed every time that the obstacle to the circulation has its seat in the lung. Beside these lesions, which are only a mechanical result of the obstacle presented to the circulation of the blood, the internal membrane of the heart may become inflamed in asthma, as in a number of other diseases. We observe there the organic and functional disorders which are the ordinary result of a similar complication; but these disorders offer nothing special in this particular case.

CONCLUSION.

In terminating our task, we would recall to mind, that we undertook to resolve a nosological problem, and not to write a treatise on asthma. The picture we have endeavored to draw, very deficient no

doubt, viewed as a nosographic description, has appeared to us sufficient for the object intended. To return asthma to the nosographic position from which the theories of the organiciens have removed it; also, to indicate the true pathological meaning of the emphysema, the importance of its discovery, and the part it acts as a lesion; to establish finally, the natural and legitimate relations of this malady and of its lesion: such has been the object of our efforts.

The question of asthma and emphysema, is rendered by its importance one of the most interesting of modern pathology. Further, we do not fear to add, that it presents all the interest of reality, and has really been the order of the day since the instruction of a master,* whom we take pleasure in citing here, has attracted attention on this point. The double interest which belongs to the subject I have approached, cannot fail to elicit fresh researches, that will allow us, with those we already possess, to trace a complete tableau of asthma.

To resume in a few lines the spirit and substance of this work, I will say, that the historical details which engaged my attention, that the critical description which I have offered, and the nosological sketch which I have endeavored to trace, appear to me to establish on evident ground,

1st. That asthma is a real disease, that has existed always.

2d. That the ancients were not more ignorant of its nature than of its existence.

3d. That emphysema is no more the cause of asthma, than it is a new disease.

4th. That asthma is an *essential* disease † of which emphysema is the lesion.

DR. F. GABALDA.

* Mr. J. P. Tessier, in his course à l'école pratique, in 1845. It is from those teachings that I borrowed the first idea of the present work.

† This word *essential*, applied to the disease we refer to, demands an explanation. At the present time, with many physicians, the expression *essential disease* is synonymous with *disease without lesion*. This is not the signification that we give to this word. We use it in a sense which we think more conformable with medical tradition, and *essential disease* signifies for us, nothing more than a distinct disease, independent of all other morbid states.

WHAT IS HOMŒOPATHY?

BY DR. ROWLAND.

“THERE are epochs in the history of mankind, when the withered branches fall from the tree of the human race, and superannuated and exhausted institutions break down, to make room for fresh sap and new institutions, which, by invigorating thought, regenerate society.”—(Lamartine.)

What is Homœopathy? In answer to this much vexed question, which has in so many instances confounded the wise and annoyed the foolish, we hope in a great measure, by a few desultory observations, to divest the term of that peculiar mysticism which has so often gathered around it, to the disparagement of the progress of our system. In the elucidation of this subject, we hope that the questions and answers which will appear as we proceed, may not be barren of information to those who peruse this article, entertaining crude and incoherent sentiments respecting the specific healing art.

Again, and again, have we heard this question asked—“What is homœopathy?” But to many, the question, like the flaming “mene mene tekel uphursin,” still remains unanswered, there being as yet, no medical Daniel “come to judgment.”

We imagine, however, that the fearful interpretation upon the Chaldean wall, was fraught with consequences no less disastrous to the Babylonish king and the prospects of his fading empire, than is the answer to this question—“what is homœopathy?”—to that to the prospects of that system which shall soon have passed from under the dominion of patronage, and be “numbered only among the things that were.”

The answer to this question pours, as it were, a flood of light upon the leaders of the homœopathic van, and enables them, Cyrus like, to break in upon the great citadel of allopathic medicine, to overthrow its revelling king, and destroy its tottering empire. Behold,—

“The Mede is at the gate,
The Persian on the throne.”

We will proceed to preface *farther*, the solution of this question, with a few hasty observations which at this time present themselves to our minds, and which must, in our humble judgment, appeal with

more or less significance, to the mind of every class of readers; particularly to that class who are averse to homœopathy, or are incapable of appreciating its merits, either from a want of information or an accumulation of prejudice.

To proceed.—The miraculous operation of small doses, is so directly in contravention to the action of the administration of “palpable” doses, and the wondrous potencies are so incomprehensible, that a great many lose sight of the etymology of the term that is intended to designate our system, and without the slightest line of demarcation, confound the word “homœopathy” with “small doses,”—and *vice versâ*. It is well to observe the fact as we pass along, that no person of erudition ever makes such a blunder, no matter what may be his medical sentiments. And that this identification, is for the most part, confined almost exclusively to those whose early education has been neglected, and who can, therefore, boast of little or no classic attainment. It is to be perceived, then, that it is the ignorant, in one sense of the term, who confound “homœopathy” with “small doses,”—and *vice versâ*. And it is by no means necessary for us to find such a class of individuals, to pass beyond the pales of the profession—I say,—to pass beyond the pales of that profession, who, with a semblance of honor and distinction, have graduated in the learned allopathic colleges of our country. What a fearful responsibility is entailed upon the professors of these colleges! Those who annually turn out upon the world thousands of men with diplomas, who are so poorly qualified to practise the uncertain science of medicine. When will such things have an end? I, for one, must raise my feeble voice against, and declare that such unlettered ignorance, while it disgraces the noblest of professions, needs some legislative or moral check. It is becoming a proverbial observation, even among the lower classes of intelligence, to hear men say, “O, anybody can make a doctor—behold your graduate of medicine.” How true—how false! I am a little inclined to side with the proverbial observer, that it does not require any very transcendent ability to manufacture such a doctor as will affirm with the utmost pertinacity, that homœopathy is small doses, and small doses homœopathy. The above observation, that it requires no “ability” to be a doctor, should not only admonish the allopathic colleges of our country, of the impropriety of turning out men to practise with but little qualification for the severe and

onerous duties that are imposed upon the physician, but it should also instruct the homœopathic colleges by no means to give diplomas unless the candidate has the requisite qualification. The infancy of the homœopathic system demands it, the scientific attainments of its great founder demands it, and the glorious reputation which the followers of this illustrious man have sustained, and who may be considered the receptacles of all that is certain in medicine, and like the ark upon the deluge of medical strife, embrace those immense treasures, which are destined yet, after the subsidence of the flood, to "replenish" the sin-blasted world of medical speculators, with doctrines so palpably in harmony with nature's laws. This also demands it. As we have already extended these observations much beyond their anticipated limits, it becomes necessary to proceed forthwith to the question—

"What then is homœopathy?" Homœopathy is that system of medicine which proposes to cure disease by the application of such remedies as will, in the healthy organism, produce a train of symptoms which will correspond with the morbid manifestations of the disease already existing in the organism. Then, homœopathy, it will be observed, implies that system whose remedies cure by the virtue they possess of creating similar (not identical) symptoms, with those already existing, and which we are called upon to treat.

Hence the name Homœopathy—a compound Greek term derived from *omion* and *pathos*. The first, signifying likeness, similarity. The latter, disease, or morbid condition.

Therefore, it will be perceived that the term homœopathy, which has so often been distorted in its application, is scholastically restricted in its legitimate signification, to "similar or like disease;" therefore, those who would give it greater latitude, must do so at the expense of ignorance or prejudice.

This has been the mammoth fault with the old system, when any of its authors have essayed to canvass the merits of homœopathy,—viz., PRECISION. Hence, the abortiveness of their investigations, and the vagueness of their conclusions. Without precision, we need not hope to attain anything. If the homœopathic system is possessed of any single merit, which, with comparative splendor eclipses those of the old system, it is in this simple but important particular.

When we use a term, we ever attach to that term, a definite and energetical signification. Not so, with the allopath, who has a num-

ber of different and contradictory terms to express his meaning, even when disserting upon those subjects of the most vital import. And I may observe, that this want of precision on the part of the physicians of the old school, has led them into a labyrinth of difficulties concerning the new system, from which they can never hope to extricate themselves, so long as their modes of thought are so vague and indefinite. They have not only passed into difficulties concerning homœopathy, but they have become of themselves, so entangled in the meshes of hypothesis, that they cannot understand each other. And this system, may, with some degree of propriety, be likened to a Medical Babel. At one time, as before intimated, you hear them attaching one meaning to homœopathy. At another time, a meaning in every respect in opposition to that which they at first assigned to the term. I remember that my preceptors used to observe to me, that when I undertook to study the science of chemistry or anatomy, it would be all important that I should attach a definite signification to the terms peculiar to each science, and unless I did so, it would be useless for me to attempt to make any headway. I remember, also, that when I first commenced reading medicine, my mind was but little disciplined to close thought, and that when I ventured upon these two branches of physic, I was continually bewildered, by a want of uniformity in the application of my terms; and with no little chagrin did I remember the advice of my philosophic preceptor, when, for the first time, I contemplated the disadvantages under which I was laboring, and the snail-like progress that I was making. Now this observation of my preceptor, applies with an immense force to all those who would investigate homœopathy, or any other branch of scientific inquiry which requires much compactness of thought and clearness of mental vision.

I believe, as I have said above, that there is no greater or more manifest difference between the two schools of medicine, than in this simple particular,—namely, an absence of precision on the part of the allopath. If I may so express myself, they generalize, while we particularize. They speculate, while we tie ourselves down to facts.

That the latter course is the only one from which we may hope to derive any satisfactory results, upon reflection, will become apparent to every one.

This absence of precision, I may say, upon the part of the old

school,—at least, in a therapeutic point of view—for the last two thousand years and upwards, has made the science of allopathic medicine what it really is, viz., a perfect chaos, a world of confusion, a Rome in ruin.

“Fairly, Eureka, we would cry ’tis clear,
When but some false mirage of ruin rises near.”

We will now proceed to the consideration of a slang phrase which is so often applied to homœopathy, and in fact, to everything which arrays itself in contravention to long-entertained and preconceived opinions, whether in the scientific, philosophic, or religious world. Now there is a species of conservatism, which, when exercised within proper limits, becomes just and legitimate. But then there is another species, which, of a “malignant growth,” is guided by a blind and stubborn prejudice. This species is characterized, by bigotry, ignorance, and intolerance. The former, by a disposition to investigate everything which is calculated to enhance our knowledge, and is at the same time, possessed of a spirit of charity and liberality.

It is well to bear in mind these diagnostic symptoms, as it is a malady we shall often encounter.

We affirmed that homœopathy was no humbug. Now why is it no humbug? Does it not perversely and heretically denounce the doctrines of that system of medicine, which for several thousand years past has been man’s only “sheet anchor” in the hour of affliction? and which was founded by the illustrious Hypocrates and Galen, and adorned by the names of the no less renowned Hunter, and Harvey, and Cullen. Very true, the system of allopathy was founded by the illustrious Hypocrates and Galen, and decorated by the brightest galaxy of medical minds that ever beamed in constellated splendor upon the thick bogs and malarious fens of the healing art. Yet, notwithstanding, homœopathy denounces this very system, which has been held up to the world as a paradigm of medical perfection, still, homœopathy is no humbug. I imagine that a large majority of persons who use the word humbug, do not at all appreciate its lexicographical meaning. Humbugging, if I understand the term aright, is something which is false within itself, and being impressed with a consciousness of this imperfection cowers under the influence of light, and even shrinks from investi-

gation. You will behold it coiled within the dusky halo of its own pretensions, and never venturing into the light, unless it is to seize upon its charmed victim.

But I would ask, in all sincerity and truth, when has ever homœopathy shrunk from investigation—when has it ever lurked in the dark? Has there ever been a time since the announcement of its great law, when its followers have not appealed to inquiry and honest investigation? But how have these appeals been received? Alas, with bitter scorn and burning contempt! And homœopathy has been left the only alternative, of making her great principle known by the establishment of independent journals. Through these, she has promulgated with a fearless soul, the articles of her faith. In this manner she has advanced steadily, in the face of the most tremendous opposition; and with a calm and passive spirit, which tells of moral courage and innate virtue, she has thus met the foul traductions of her enemies.

The doctrines of the system now under consideration, have been sounded from one extremity of the land to the other, and its great principle, has as it were, been written upon the broad archway of heaven, so plain, so distinct, so legible, that “he that runneth may read with an understanding heart.” Therefore, I again affirm that homœopathy is no humbug.

Again. Is it as necessary that the homœopath should be a man of *learning*, as the allopath? We desire to call special attention to this interrogation, from the fact that many suppose that the homœopathic system can be successfully sustained and practiced by those who are not learned, but on the contrary, are almost destitute of medical education. This, however, is a very erroneous conception of our system. Because we see quacks and empirics administering the small doses, we must not suppose that the merit of the system is in harmony with the attainments of such individuals. There is, however, by no means the same number of quacks among the homœopaths, in proportion to this number of physicians, as there is among the allopaths. Our attention only in the first instance, is more especially called to those who practice homœopathy because it is something new. In my humble judgment, nothing has so much contributed to the generation of these homœopathic quacks, as the publication of the so-called “domestic physicians.” From the reading of these books, you will find not only men but women, who

never looked into a system of anatomy, holding out to the accomplished physician, that *this* remedy should be given in preference to *that*. Now all this is extremely pernicious, and is calculated to depreciate homœopathy in the minds of many, who otherwise would adopt it, and probably “become bright and shining lights” in our profession.

There then can possibly be no legitimate reason presented, why the homœopath should not be as learned in his profession, and as elegant in his general attainments as the allopath. And as before asserted, the impression has gone abroad, simply, in my humble judgment, from the publication of these miserable “domestic physicians,” and the existence of quacks, which is a natural consequence of these publications. Therefore, I affirm, that it is equally important that the homœopath should be a man of learning as the allopath—of course, I wish to lay the greatest stress upon medical learning. The discarding of pathology by some of the more notorious homœopaths, has been another prolific source from which has flowed forth upon our system almost to its inundation, a flood, something less destructive however, we hope, than that which we read of in the Apocalypse.

When we discard pathology, we lay an incubus upon the progress of our system, and I do not believe that Hahnemann ever meant to discard it. That the pathologies of his day were very imperfect, no doubt can be entertained. And he therefore only wished to admonish others, as he himself had been taught by observation and reflection, that they were not to be relied upon in the application of specific remedies. That is, they were inadequate to the furnishing of any other than a very general indication for the administration of remedies. I come to this conclusion from the fact, that it would not be in keeping with his highly erudite and prescient mind, not to discern the evil consequences to which an unconditional abandonment of pathology would inevitably lead. He must have been endowed with sufficient forecaste, to perceive that the system would eventually become a mere system founded upon external and sensuous observation, and which, on that account, would be pregnant with the elements of speedy dissolution. He felt, doubtless, that he had discovered a very great law, and one which would not only constitute an era in the history of medicine, but one which would, under favorable auspices, work a tremendous revolution in medi-

cal science. I am clearly of the opinion, in view of what has been urged above, but more particularly in view of the splendid attainments and the philosophic caste of the mind of Hahnemann, that there is not sufficient data left upon record, for any one to believe that he ever intended an absolute repudiation of pathology.

By becoming a good pathologist, the homœopathic physician is enabled to penetrate down to the mysterious arcana of disease, and remove those morbid conditions which, under other circumstances, would baffle all of his efforts.

It therefore would appear that it is infinitely more important that the homœopath should be more learned than the allopath—particularly in a pathological point of view. When in the possession of pathological information, the homœopath is enabled to direct his efforts with such precision and energy, that they can seldom fail to relieve disease, when coupled with the grand and indispensable principle of *similia*.

This character of information, while in the hands of the homœopath is calculated to effect much good. But the same thing can not always be said of the opposite side of the question. Because there, in some instances, for the want of *rule*, it becomes a very great evil.

This is no mere assertion, as many would apprehend, but it is at least a partial fact, and which observation will confirm. How often do we see the learned allopathic professor a very poor practitioner. Now why is this? He is surely not wanting in medical information, but wanting simply in a rule to apply it. That is, he has no principle to guide him in the administration of his remedies. And he has nothing to rely upon but his powers of diagnosis, and the recollection of certain remedies that were said to be "*good*" when such a train of symptoms presented. Now he may get hold upon the proper remedy. But then as we know that the allopath makes use of symptoms in the first place, simply to interpret the seat of the disease, and if in this he fails—which he is not at all unlikely to do, in the present imperfect condition of pathological science—he is left in a most woful condition. He therefore has nothing left him but the bare symptoms, and can make no satisfactory disposition of them. He, however, must not await and do nothing. That would be too cruel and too disreputable to his exalted position perhaps. He, therefore, sets to work and conjures up by

medical incantation a number of theories and speculations—and these govern him—the patient, however, dies. What then? Why he dies “*secundum artem*.” Therefore it will be seen that those things which, under proper circumstances, are beneficent in their influences, under other and more adverse conditions, are pregnant with the most fearful evils.

How very different is the aspect of the case when we come to contemplate the learned homœopath. His *information avails* him something, because he has but one principle to govern him, and all the information which he may possess is made subservient to that principle. Fact and experiment have taught him, *a priori*, what he has to do, and that there is but *one* principle in *therapeutics*. Therefore he does not, as did the allopath, set to work to conjure up subtle theories and high-wrought speculations, but adheres simply to *facts*. Before closing these remarks on the propriety of the homœopath being possessed of a good and substantial medical education, I will proceed to observe that we not unfrequently see the allopath who moves in the humbler paths of life infinitely more successful than his more learned compeer. This may, in some instances, be attributed to the fact that when the comparatively *feeble* allopath arrives at his journey’s end in the diagnostication of disease, and he in many instances is less likely to speculate and theorise, and therefore less likely to destroy his patient.

Again. Does homœopathy discard any of the branches of medicine? We propose to consider this question more fully than it would otherwise seem to require, from the fact that we have often been asked those questions that would imply that our comprehensive system of medicine was restricted simply to the giving of small doses. And that the medical colleges of the specific healing art had nothing to do with *anatomy, physiology, chemistry, &c.* Persons who ask such questions are mostly of an ignorant class of people, whose reading for the most part does not extend beyond that of some simple periodical, and who would not, therefore, be very likely to investigate homœopathy, or read any thing concerning it, howsoever simple you might make it. I therefore do not expect the article I am writing to be read by such a class of individuals. But then there are others whose reading is more extensive, and whose advantages in life have been very good, and who lay some claim to being considered intelligent. This article is therefore intended for that

class, and I hope sincerely it may be read by each and every one of them, and that they will in future cease to ask such silly questions.

Homœopathy then does not discard any of the branches of medicine whatever, that is, the curriculum of instruction is as perfect and elaborate in the homœopathic institutions as it is elsewhere. And the idea that we discard certain or most of the branches of physic, perhaps has arisen from the fact that we discard many fashions and what I am bound to consider obsolete methods of relieving diseases by the old school, simply because experience has taught them to be valueless and inefficient as compared with the *direct* method of relieving a disease.

Perhaps this subject may be more thoroughly impressed upon the memory by a few illustrations.

In cynanche tonsillaris or inflammatory sore throat, instead of taking a large quantity of blood from the arm to reduce the fever, we would give, if that were the object desired, only a few pellets of aconite, in this rarely dangerous malady.

Instead of giving a drastic purgative to relieve constipation, *cæcateribus paribus*, we would only give a few pellets of nux vomica.

In addition to the very pernicious effects which may sometimes arise independent of the usual prostration, which it induces from blood-letting, may be enumerated among its evil consequences, the disease of the veins called phlebitis. This is an inflammation of the veins, and may be productive of very serious consequences, if not dissolution. Sometimes bleeding at the arm produces aneurismal tumours, which are very troublesome if not dangerous. Sometimes we have accompanying the phlebitis purulent accumulations in the joints, and sometimes serious effusions in the areolar tissue, and sometimes gangrene. Now these are by no means invariably the result of blood-letting, but I mention them simply as evils sometimes consequent upon the practice, and which should, it seems to me, have something to do in enabling us to get rid of blood-letting. That blood-letting is an evil in every instance, I am not prepared to say. It may possibly supersede tracheotomy in acute laryngitis. But as to this I can not say. My impression is that it is, as a general thing, a very great evil, and one which the homœopath is called upon to take a decided stand against.

The evils which accompany active purgation may be briefly stated.

They are, in many instances permanent derangement of the various coats of the bowels, attended sometimes with paralysis or rheumatism of its muscular fibres, which in some cases is succeeded by the most obstinate constipation. Rheumatic affections of the muscular fibres of the viscera, though but slightly noticed by authors, is to my certain knowledge, a most horrible and distressing complaint.

This, then, seems to be the reason why a great many suppose that we disregard many of the branches of the healing art, simply because we discard those pernicious practices which have been engrafted upon it to the disgrace of the science. This, however, is not altogether an unnatural supposition on the part of many, as they have always been taught to believe that when there is fever blood should be abstracted, when there is constipation a cathartic should be given. Reasoning upon the indispensability of blood-letting in fever, and cathartics in constipation, they very naturally conclude, no doubt, that if we should discard *these*, we would certainly not hesitate to discard even *anatomy*, or some other branch of as much importance.

There are a great many measures adopted by the allopath for relieving disease, which we unconditionally discard as pernicious. Not that the thing is so within itself, but that it becomes so by being less efficient than other methods. Bleeding might be good enough under some circumstances if there were no other method of reducing the inflammation. But when there is a better method it becomes a comparative evil.

Travelling by stage-coach in the absence of steam cars or steam-boats is both pleasant and proper. But when all things are equal, and we cease to avail ourselves of the latter, and persist in the slow method of getting along, we are guilty of a very great folly.

Fifty years ago men were in the habit of travelling from Pittsburg to New Orleans in flat-boats, and many months were consumed in this tedious and perilous undertaking. Now who thinks of paying a visit to the crescent city in this manner, except that peculiar class of men who could not enjoy themselves by travelling better in any other way? But those who regard expedition, and make this an object, get aboard the palatial steamer, and they are regaled by the balmy breezes of the South, ere, in former times, they had scarcely passed beyond the sight of the curling smoke of their dusky homes. We might go on to say that the difference between travel

now and what it was fifty years ago, does not present a greater contrast in point of expedition, than does the homœopathic system of treating disease present in point of superiority over the old system. This, however, we shall not affirm, however strong we may believe it; but leave this for others to say, who are possessed of more experience upon this head.

In the next number we hope to present a number of other questions, with their appropriate answers concerning homœopathy, which may possibly be no less entertaining than these we have considered. It must be perceived by all, that we are attempting to make no very learned and systematic dissertation of this matter, but that we are simply considering the practical bearings of a few simple questions.

DEFENCE OF HAHNEMANN.

A Review of the Doctrines of his Opponents in a Series of Letters to James Kitchen, M.D., by W. Geib, M.D.

LETTER II.

In my first letter, having furnished an abstract of the Introduction to Dr. Hempel's *Organon*, I now proceed with part 1st of the same work; which is preceded with preliminary remarks, containing the declaration that Hahnemann's text is *all right*, but that his disciples have *all this time* misunderstood it. Our author further says, that the error of mistaking the apparent for the real meaning of the text, has also often happened in religion and law.

He certainly has my warmest aspirations, that the light of his wisdom may hereafter illumine the path of Homœopathic practice, and save it from the odium of such darkness and stupidity. The Doctor says "dead formulas, emanating from human conceit, and deceitful illusions of the sensual understanding may triumph for a time over the eternal and boundlessly expansive reason." Again, "Let us hasten to emancipate the free spirit from the dogmatical pedantry which now holds it captive."

With this exordium he proceeds to give his readers Hahnemann's doctrine of disease. He begins by saying that our old master is a professed vitalist. That is, he is not a materialist, and does not believe, with the learning of the old school, that disease is like "a

vast dunghill, to be swept out of the organism by physical force." Our author certainly uses strong language throughout his book; and it will be pleasant to have occasion to congratulate him for the same strength of reasoning, in contending for his favorite opinions.

His quotations show, as we all learn to know, that the cause of disease, that is the immediate operating cause, is dynamic or physiological, let the vehicle of disease be what it may, and that disease itself is the same. Further than this our wise old master never went, for he knew full well that the essence of disease, as of life, will never be open to the wisdom of man,

We find it difficult to forego the impression, that the volume before us owes its existence more to the ambition of its author, to oppose some of Hahnemann's doctrines, and to substitute his own postulates, than to produce a text book for teaching the science of homœopathy.

One of these postulates is, that a generating cause of disease *can* be discovered by the physician, and should be made the *basis* of therapeutic indication. And he endeavors to turn the fifth paragraph of Hahnemann's Organon to account, in support of this doctrine, notwithstanding that this paragraph teaches that the character of symptoms may be modified by circumstances, and not at all that, phenomenology should not in all cases point the way in the apposition of disease and remedy; and more especially is it not designed to afford Dr. Hempel a pretext for the following opinion. "It is evident," he says, "that Hahnemann looks upon the perceptible phenomena of the disease *as a means* of arriving at a knowledge of its *generating* cause, which is, so to speak, an intellectual, unsensual fact, exclusively determinable by the pure reason, anterior to all sensual observation, and elevated into the more or less speculative region of the causative principles of nature." I am certain the philosophic inductive mind of Hahnemann never entertained such baseless ideas.

Permit me to make a passing remark. The *progressive* nature of disease involves considerations which would appear to have a strong bearing on its treatment, and to prove incontrovertibly, that Hahnemann's doctrine of *treating symptoms*, is the only one that can be reconciled to a common sense, unsophisticate view of the subject of adapting disease and remedy.

At what *stage* of development does a morbid affection take on

the title of disease? How many symptoms are required to constitute a disease agreeably to the catalogue of the old school Nosology? Is a toothache a disease, or a symptom? It is a pathognomonic affection, and during its access produces many distressing concomitant constitutional sufferings.

Are we to await the full development of an intermittent, and risk its establishment in the system, in order to escape the odium of treating a symptom, and enjoy the honor of treating disease in a learned manner, *secundem artem*, "*correspondentia correspondentibus curantur?*"

The idea of disease as an *entity*, is all theory without practice. The old school, with all their interminable lectures on diagnosis, prognosis, and pathological phenomena, as extensive almost as some of the waggish specimens of homœopathic pathogenesis, still doctor symptoms, and a very few at that.

And this very fact in the old school, the murderous old school; as their friend Dr. Forbes, "Victoria's physician," calls it, much exalts the claims of our conservative system. For the first pleuritic stitch is a signal for the lancet, (according to that learned disciple of the University of Pennsylvania, whose sanguinary doctrines have lately been intercepted by the grave,) and woe to the poor patient whose constitution may have given a typhoid tendency to his malady.

Homœopathy treats symptoms with delightful security, and most gratifying results; while allopathy is multiplying its victims on the same ground.

The scenes of former years, at an institution endowed by the immortal Penn, flash on the tablets of my memory as of yesterday. The ominous veil that covered full many a face, and filled my mind with gloomy reflections then, is there still.

They were doctored for symptoms. Lucky indeed would they have been, could they have breathed till their learned physician had completed a rational diagnosis agreeably to the principles of Dr. Hempel. Till the "spirit of the disease," "the starting point," or "the *bond of union* between disease and remedy," had been discovered.

Our author next proceeds to consider the *modus operandi* of medicine; quoting Hahnemann on that subject in extent. The subjects of action and reaction; of one disease curing another that is similar, and only suspending one that is dissimilar; thus proving the

law of similars. How the morbid action in the organism is removed by medicines, the primitive and secondary symptoms in the pathogenesis of medicines, &c.; all calculated effectually to mystify the subject which it is designed to explain. And this is proved, as I think, by the opinion of our author, found at the end of page 57 of his *Organon*. "Their curative influence," he says, speaking of drugs, "depends on this fact; the drug disease being *specifically superior* to the natural disease, *absorbs*, as it were, the natural disease, and reduces it from a *purely spiritual*, to a *semi-material* form; which the disembarassed vital principle finds it easy to overcome, and expel from the organism. This absorption, it seems to me," he continues, "takes place by means of an *attractive influence*; which the drug disease exercises over the natural malady. Others may explain this neutralizing process differently; to my mind the *doctrine of attraction*," he continues, "suggests itself as the most plausible, and most correct hypothesis, regarding the *modus operandi* of our curative agents."

We have now to add the theory of *attraction*, as explaining Dr. Hempel's *modus operandi* of therapeutic agents. The father of our system appears to have adopted the theory of *usurpation*, for his explanation of this hidden mystery. And I regret that both authors had not been less committal; as an opinion of Hahnemann amply shows; and is expressed in the note appended to section 12 of his *Organon*. "All that is necessary to be known of disease, has the Lord of life rendered *evident to the senses* of the physician."

The vital importance of unqualified simplicity in homœopathic practice finds another strong evidence in the strange, utopian ideas of a French author, Dr. A. Teste, who after a labor of five years to controvert the doctrines of Hahnemann, has lately presented the world with what must be regarded as an abortion. His disciples, for he has some in common with all authors, will excuse this assertion, when they may have noticed that the Doctor himself, strangely enough, calls his work a *premature production*.

He says that every disease, either *natural* or *medicinal*, has a progress peculiar to itself; its successive phases of invasion, growth, continuance, decline, and termination; it being possible only by an exact description of these various periods, to give a true idea of its whole character. In the learned gentleman's view, not only must all the symptoms of each individual remedy, both *primary* and

secondary, with due regard to age, sex, temperament, &c., be brought in the strictest juxtaposition, but even the *Order* of succession, in the access, progress, continuance, and decline of the morbid action, of *both natural and medicinal* disease, must receive our *strictest* attention, to insure a successful issue.

While all these wild speculations are working in the minds of enthusiastic aspirants to medical fame, our beautiful *dilutions* and *triturations* still work their magic wonders in the bodies of our rejoicing patients. And this, in spite of all the various theories for their *modus operandi*; though not in opposition, of course, to some uniform principle, the true one on which their action may be based. And it is very natural that the *rationale* of this action should be a subject not only of curiosity, but of great interest to the homœopathic physician.

Would it not be rational, sir, to infer *a priori*, that, whereas our remedies have astonished the world for a long period of time, with their *prompt* curative powers, that therefore the *indication* for their administration must be correctly *predicated*? And would it not be wise, in the true spirit of inductive philosophy, to bestow our labors in correcting the abuse of principles which have proved themselves correct, in place of trying to supplant them by new ones?

At page 59 of Dr. Hempel's book, we find an attempt to make the 143d section of Hahnemann's Organon prove his title of "Specific Homœopathy;" where Hahnemann calls medicines specific instruments for removing *morbid states*. The word *specific* here cannot possibly have any other meaning than that of *adaptation*, and therefore, the whole of our author's ideas turn on his own definition of disease; which he has failed entirely to give in any part of his work. This very section fully shows, that the word disease, as comprehending an old school diagnosis, by no means expresses Hahnemann's meaning. This word, as expressing an *ensemble* of morbid phenomena, under a name as found in Cullen's nosology, should not at all be used in homœopathy; and it becomes a question indeed, whether it has not been a careless translation from the original text. Hahnemann says, speaking of medicinal substances, "among these are the homœopathic morbid elements resembling those of several natural diseases, (morbid affections,) which are to be hereafter cured by them; in a word, they comprehend artificial

morbid states which supply for similar morbid states naturally induced, the only true homœopathic, *i. e.*, specific instruments of certain and permanent cure."

It is unfortunate for our author, that in this attempt to make Hahnemann responsible for his doctrines, he should have felt the propriety and justice, by omissions, additions, and substitutions, of presenting his readers with a garbled text; to whom, notwithstanding he says "this is Hahnemann's own language." The original of this section from Hahnemann, speaking of the proving of medicinal substances, says, "this will furnish us with a code of nature, in which will be inscribed from every agent so investigated, a considerable number of *particular symptoms*, as they were manifested to the observation of the experimenter." This part of the section which certainly shows that nothing but *symptoms* are intended to be signified, is suppressed in the volume before us.

This section, it appears to me, as far as Hahnemann is concerned, is entirely fatal to Dr. Hempel's idea of "Specific Homœopathy." And the following section 145, would seem to be equally so to his theory of "Spirit of Disease," and the reduction of remedies to a very limited catalogue. He will excuse me for supplying this omission; for the voice of the sage should be heard, when his long cherished doctrines are brought before the public, charged with error and delusion, and are to be hastily tried, and condemned in some of their time-honored principles.

"We ought," says Hahnemann, "certainly to be acquainted with the pure action of a *vast number* of medicines upon the healthy body, to be able to find homœopathic remedies against each of the innumerable forms of disease, (morbid affections,) that besiege mankind—that is to say, to find out artificial *morbific powers* that resemble them. But thanks to the truth of the symptoms, and to the *multitude of morbid elements* which each of the energetic medicines that have been tried to the present day upon healthy persons have exhibited, there now remain but few diseases, (? affections,) against which we do not find in these substances, suitable homœopathic remedies, which restore health in a gentle, certain, and permanent manner." (Hahnemann, §145, Organon.)

I will close this letter with another quotation from Hahnemann, which should certainly be very conclusive. Speaking of the physicians of the Old School, who seek, in making their diagnosis what

they might presume to be the *genuine* character of the existing maladies, viz.: spasm, debility, paralysis, fever, inflammation, induration or obstruction, &c., he reads the following severe lesson to his own disciples:

“Every physician adopting a treatment of such a general character, however unblushingly he may affect to be an homœopathist, is, and will always remain, a generalising allopathist; as without the most *special individualization*, homœopathy has no medicines.” (Hahnemann’s Organ., 1836, p. 12.)

On the same page Hahnemann defines diseases to be, “Morbid irritation,” and specifies it to be medicines that are “homogenous to the morbid irritation, and now called homœopathic.”

I would propose to you whether the term *functional aberration* is not a true definition for disease; it is certainly morbid irritation; but is not every irritation peculiar to some organ involving one or more of the functions of the organism?

I am, yours, very truly,

W. GEIB, M. D.,

177 North Eleventh Street, Philada.

To JAMES KITCHEN, M. D., PHILADA.

BATH, July 26, 1854.

MY DEAR DOCTOR:

In looking over my Address, as printed in the Journal, I see one important error, which the compositor failed to correct. In correcting the proof-sheet, I thought I indicated the error with sufficient clearness; but it seems, notwithstanding, to have escaped the notice of the printer. On page 197, in the 24th line from the top, it now reads, “one would suppose, from the ‘*death*’ of successful,” &c. The word “*death*” should be *dearth*. As it now reads, it appears very awkward; and I should be glad to have it corrected, not only in the next number of the Journal, but most certainly in “Doings of the Institute,” in which I suppose it will be published. If you will see that this correction is made you will oblige me.

Very truly yours,

WM. E. PAYNE.

BIBLIOGRAPHY.

HOMŒOPATHIC TREATMENT OF EPIDEMIC CHOLERA. By B. F. JOSLIN, M. D., LL.D., Fellow of the Albany Medical College, Fellow and Corresponding Member of the Homœopathic Medical College of Pennsylvania, &c. &c. Third edition with additions, pp. 252. New York—Wm. Radde: Philadelphia—Rademacher & Sheek. 250 pages, \$1 00.

It is altogether a matter of satisfaction to the homœopathic profession to have another enlarged and improved edition of the work bearing the above title. The learned author has accomplished a valuable service, and this improved edition of his valuable work comes at the right time, and we doubt not, it will be cordially received. We know of no work which has been more deservedly popular on account of its intrinsic merits. The author has so arranged the work, that it affords a convenient guide in the treatment of cholera; and what is particularly commendable, he has given the nature and pathology of the disease, so as to distinguish very readily the malignant or Asiatic cholera from cholera morbus. The first chapter of the work is devoted to the consideration of this part of the treatise. The subject is discussed in an able, satisfactory and conclusive manner, fully sustaining the high character of the author as a gentleman of profound science, as well as of a logical mind. The second chapter contains the ætiology of the disease with reference to the predisposing and occasional causes. The many practical remarks and observations contained in this chapter fully commend themselves to the profession. In the third chapter the doctrine of infection with reference to the disease, is fully considered, and many valuable hints are given, together with hygienic rules to be observed by persons in general, during the prevalence of cholera, and useful at all other times. The cholera preventives are also pointed out in this chapter in a clear and explicit manner; chapter fifth contains a history of the treatment of the disease, and statistical proofs of the successs of homœopathy in the same. The preliminary remarks in this chapter are worthy of an attentive perusal. It is not only here that the author stands out boldly as an unflinching homœopath, but he shows himself orthodox in every department of the work. This chapter, however, is worthy of an attentive reading.

The reader will be interested in the statistics connected with homœopathic treatment in 1832, '49 and '54, and moreover he will find ample proof of its superiority whenever it has been tried in its purity.

Chapter sixth details the specific treatment to be observed in the commencement of the disease; and what is here remarked concerning a resort to remedies during the incipient stage, cannot be too carefully regarded. Chapter seventh describes the symptoms and treatment of the varieties of cholera. The author commences this chapter by holding up the law of cure, and the size and repetition of doses. Chapter eighth describes the symptoms and treatment of the several stages of the disease, which the author terms, 1st, the stage of invasion; 2d, the stage of full development; 3d, the stage of collapse; and, 4th, the stage of reaction. Chapter ninth contains an exhibition of cases of cholera in New York in 1849, and subsequent years, with a few examples of choleric diseases. Preceding the detail of these cases will be found some very valuable remarks. Chapter tenth is made up of the cholera repertory, the use of which is fully explained.

From the concise account which we have given of the work, we presume our readers will perceive that it merits a place in every physician's library. It is, in short, an excellent manual to be consulted with reference to the treatment of cholera and all kindred complaints; including, of course, all the summer derangements of the bowels, &c. It is a genuine homœopathic work, founded in truth, and it will stand the test in practice, and for the sake of the good which it is calculated to accomplish, we hope it will have an extensive circulation.

Wherever cholera has made its appearance, the most rigid adherence to homœopathic practice has proved the best and most salutary. It is above all things important to stick closely to the "*law of cure*" in the treatment of so formidable a disease. We shall expect to record failures where there is a proneness to compromise the great central principle. If there are any members of the profession who are yet prone to indulge in calling into requisition outside measures in the treatment of cholera, dysentery, &c., we hope they will speedily make themselves acquainted with the contents of Dr. JOSLIN'S TREATISE ON CHOLERA, &c.

EDITORIAL.

MEDICO MANIA.

IN the present age of the world, there are men connected with almost every enterprise, more fond of grasping a great deal in a superficial way, than of becoming profound as far as they go in the attainments of science. There are but few universal geniuses, who may be regarded great from whatever position they may be viewed. Bacon was great as a philosopher, but indifferent as a statesman. Thomas Paine was distinguished as a politician, but peurile as a theologian. And so has it been for the most part amongst great men from the earliest period of civilization. It is none the less true now than centuries ago, and it is folly to expect that any man will prove himself as thoroughly master of a great variety of subjects, as he would have it in his power to do with reference to a more limited number. Our homœopathic materia medica, has been collected from the labors of many; and although it contains some of the most precious remedies, proved upon the most absolute scientific principle, it cannot be denied that it contains many of little importance, and absolutely unreliable.

More than 500 remedies are duly registered as having been proven, with their pathogeneses appended. But when we reflect upon the character of the remedies, the care that should have been exercised in their proving, together with the parallel confirmations needed to strengthen our belief in their utility, we cannot refrain from expressing our regret, that so much worthless trash has been suffered to usurp the place of scientific provings.

It seems to have become a *mania* with some, to augment the number of remedies, and this they constantly aim at, to the utter neglect and exclusion of a more careful investigation and proving of what we already possess. The physician who knows well the powers of an hundred remedies; their adaptation to different constitutions and habits, as well as the true principle of applying them, will prove a more useful man in his profession, than he whose vigilance is always directed towards some new remedy or untried something. One hundred polycrests studied, tried, proved, and studied again and again, is the work of a lifetime, and the faithful physician will be quite as eager to make himself master of what is already in his possession, as to add to his catalogue of remedies what his mind has conjectured, or his fancy has wrought up for him, as a proving of something new.

It appears to be the delight of some, to be dealing in the most odd rubbish and the most outlandish remedies, more we verily believe to exercise control over the *bump* of marvellousness, than of the diseases they treat. We sometimes wonder at the taste of certain practitioners in hunting up the most out of the way things to try as medicines; one hunts for some

filthy secretion of the crab, which he potentizes, and proves in the *thirtieth attenuation*, and finds a chapter of symptoms, which his imagination systematizes into a proving, all of which are to be ascribed to the effects of the potentized article. Another hunts for some filthy excrescence, that he may mingle its corruption with *sacharum lactis*, for the purpose of adding it to our materia medica; an abomination of the first magnitude. What kind of notoriety is sought for by those who will forego the advantages of the vegetable and mineral kingdoms, for the sake of procuring the matter of scorbutic difficulties, to sweeten and potentize in the face and eyes of common sense, in order to find a remedy for scurvy? It is true that a name somewhat imposing may be invented for the filthy article, and the prover's name may be attached to the same for the sake of the glorifying of his ambition, in being reputed as the *distinguished prover*.

We believe homœopathy is a science that recognizes no such nonsense, and when we see the cast-off dregs of fatal diseases fashioned into the forms of medicines, and added to the catalogue of remedies in the materia medica, we recognize nothing short of a deadly blow aimed at homœopathy itself. If the principle is carried out, that *small-pox* must find its antidote in the dead scab which the disease itself has cast off. That cholera is to be cured by potentized doses of the rice-water discharges. That yellow fever is to be cured by the potentized essence of the black vomit, &c., &c. What next? If dead matters of this description duly collected and potentized, are fancied or believed to be the antidotes of the fatal diseases from whence they emanate, our legitimate materia medica may be laid aside, and *similia similibus*, that has hitherto shone in such brightness, must be obscured by isopathy. And the next thing we shall hear of, is some champion, head and shoulders above all the rest, heroically engaged in potentizing *death itself*, with the vain hope of extracting therefrom the veritable *elixir of life*, which when duly prepared, may be given in the 20th, 200th, or 2000th, potency as proof against mortality.

We heard a practitioner remark not long since, that he cured the most fatal and dangerous diseases with isopathic treatment—but if this is so, what has become of homœopathy? We imagine such statements to be *ex parte*, evincing a *suppressio veri*, if not intentional, at least the result of self-deception. Our profession should turn a deaf ear to all such pretensions, as being decidedly hostile to the great cardinal principles of our faith, based upon the immutable "*law of cure*."

In the catalogue of remedies found in our materia medica, we rejoice to find the majority derived from such resources, as commend themselves for careful consideration. When Hahnemann discovered the *law of cure*, and boldly proclaimed it to the world, it was *similia similibus curantur*. That a remedy capable of producing a certain group of symptoms in a healthy

person, would remove a similar group that resulted from disease, and all genuine homœopathists adhere closely to this formula. The principle being universal, shuts out isopathy as effectually as it does any other system of empiricism or conjecture, and there is nothing to be said in favor of the practice of administering medicines that have not been duly tried, potentized and prepared for administration, according to the requirements of homœopathy.

It appears to be common with some practitioners, to seek notoriety by administering unheard of remedies, idols of their own forming, to the exclusion of well tried and reliable medicines, that have been a long time in vogue. There is nothing to be said in favor of this course, for it creates confusion in the mind of the physician, and ends in his defeat. The illimitable resources of Nature are such, that our materia medica may be augmented and improved, without making it a virtue to seize upon such filthy and unheard of things, as are sometimes forced upon our notice. The eagerness to find out something new, which nobody else has dreamed of or thought of, to add to our materia medica, may as often result from a morbid love of being eccentric, or different from others, as from a love of making a valuable addition to our resources. We have known members of the profession to neglect the use of a common remedy, when it has been the most clearly indicated, for the sake of giving an uncommon one, with less promise it seems to us of a beneficial result, merely from a desire to appear original, or for the sake of making a favorable impression of their extensive knowledge of remedies. We have nothing to say in favor of such a course, because in nine cases out of ten, such practitioners would show better sense, as well as better success in practice, if they would leave the work of originating remedies, to those whose particular genius fit them for the work, and take it upon themselves to secure a more competent knowledge of the remedies already catalogued in our materia medica. There is a great work yet to be accomplished in proving, confirming and rendering more certain the range of use of the remedies which we already possess. Our materia medica is to be improved more by pursuing this course, than by augmenting the list of remedies. Many of the symptoms found recorded as being characteristic of certain remedies, are far from being reliable, owing to the manner in which they were obtained—for instance, we have known of a practitioner giving to a patient a dose of the 200th potency of sulphur, and at the next visit, would carefully note all the additional symptoms exhibited by his patient, as characteristic symptoms of the remedy employed, and these symptoms have been recorded as veritable data to act upon in other cases. Can such a course be commended as truly scientific, according to the requirements of homœopathy? Without calling into question the efficacy of the highest potencies in overcoming disease, we should hesitate

in placing any reliance whatever upon anything that is recorded as the characteristic effects of the remedy, aside from the natural progress of the disease itself. It is very probable that medicines given to diseased persons, may produce symptoms as well as modifications of the disease, but it is by no means certain that these symptoms are medicinal. It is very justly maintained, that two drugs cannot be proved at the same time upon the same person, because it would be impossible to say which would give rise to the symptoms, as they might arise from their joint action, or perhaps from either the one or the other. And it is precisely the case when a remedy is given in the case of disease, it is by no means certain which contributes to the development of new symptoms, the disease or the remedy.

HAHNEMANN HOSPITAL, LONDON.

THIS Institution, according to the London Lancet, has ceased to exist. The editor remarks, "It has scarcely carried on its miserable existence even for the time which we allotted it." If homœopathy is spreading so rapidly in the great metropolis, why is it that such an institution should fail for want of support? Is it because the public place any less reliance upon the treatment? No. The fact is, hospitals are generally filled up by persons from the humble walks of life, who dwell in ignorance in little lanes and alleys, &c. While homœopathy is patronized by the better classes of society, who seldom require a home at a hospital for the sake of treatment. This is the case everywhere, and on this account institutions of the kind are very likely to cease operations for the want of patients. Will the editor of the Lancet please inform his patrons?

ARE THERE NO MORE LABORERS TO ENTER THE FIELD?

FROM various sources throughout the country, we receive letters inquiring for well educated homœopathic physicians. Every day almost witnesses the triumph of homœopathy over disease in some remote locality, where only a box and a book have found their way. So completely tired and worn out have reflecting people become with the reducing and nauseating treatment of allopathy, that many of them procure a domestic work on the subject of homœopathic treatment, together with a box of medicines, which they prefer to rely upon without the aid of a physician, rather than trust to allopathic practice. It is persons of this description that have introduced homœopathy into the chief towns of the south and west, and from these places there comes the most urgent calls for homœopathic physicians. An able physician writes from Tennessee, that he can point to more than twenty locations, where well educated and good principled men of the homœopathic

profession are wanted, and where there is every prospect of the most extensive as well as the most lucrative practice at once. Letters of this description often reach us from other sources. Most of those who write are particular to inquire for those who have been educated for the homœopathic profession. We hope some attention will be bestowed to wants of this kind. There are many young men now turning their attention to the study of medicine, and we would remind them that the homœopathic road will prove the most direct to honor, profit and use. The Homœopathic Medical College of Pa., has been reared for the purpose of furnishing the public with thoroughly educated homœopathic physicians. She has yet been unable to graduate enough to supply the demand, and we will take the liberty of informing our readers and the profession, that all worthy young men who will avail themselves of the advantages offered in the Homœopathic Colleges in the United States, until they are deemed worthy of becoming candidates for the doctorate, cannot pursue a more useful and honorable course, or with half of the prospect of success. We are desirous of seeing any number of young gentlemen of the right stamp enter the profession, but we do not wish for good mechanics or other tradesmen to turn doctors, but those who have a taste for the profession, and who are already enured to studious habits, we will cordially welcome; and we hope to see a large class of such at the ensuing course of lectures, because they are wanted to aid in a good cause; while we are aware that the public stand ready to reward such as are worthy with an ample support. There never was a time since the introduction of homœopathy into the United States, when the services of homœopathic physicians were in greater demand. The homœopathic profession is not likely to be crowded for many years to come. Already the discrimination is going on between those who are really well educated physicians, and those who are not. Nothing short of the veritable credentials of a homœopathic school will satisfy a discerning public. The line of demarcation is beginning to show itself plainly—and the time is not far distant when it will be as impossible to obtain professional reputation and success, without genuine homœopathic credentials, as it is for a young allopath to get into practice under any circumstances.

ANGUSTURA IN CHOLEROID DISEASES.

Several physicians have found the use of this remedy in the present epidemic of the greatest importance. One of our most experienced and extensive practitioners has tried it, in numerous cases, with invariable success. And when we carefully peruse the recorded pathogenesis of the remedy, we see no reason why its range of use

will not entitle it to the highest consideration, as a remedy in diarrhoea and dysentery, accompanied with cutting, crampy, or drawing-aching pains in the abdomen, especially in the lower abdomen, and spasms of the muscles. At any rate, the remedy is worth considering, and we take pleasure in directing the especial attention of our readers to the subject.

ON THE VENOM OF SERPENTS.

In perusing the columns of the Scientific American, we were much edified by reading the following article, from the pen of S. Gilman, L.L. D., first published in the St. Louis Medical Journal, which we have no doubt will prove a source of interest to our readers.

“There is much in the history and habits of the reptile tribes, however repulsive they may be in appearance, that is very interesting. During a sojourn of two or three months in the interior of Arkansas, which appears to me to be the paradise of reptiles, I paid some attention to that branch of history called ophiology. I found four distinct varieties of rattlesnakes, (*crotalus*,) of which the *Crotalus Horridus* and *Crotalus Kirtlandii* are by far the most numerous. The former is the largest serpent in North America. The family of moccasin snakes (*Colluber*) is also quite numerous, there being not less than ten varieties, most of which being quite as venomous as the rattlesnake. By dissecting great numbers of different species I learned that the anatomical structure of the poisoning apparatus is similar in all the different varieties of venomous serpents. It consists of a strong frame-work of bone, with its appropriate muscles in the upper part of the head, resembling, and being in fact a pair of jaws, but externally to the jaws proper, and much stronger. To these is attached, by a ginglymoid articulation, one or more movable fangs on each side, just at the verge of the mouth, capable of being erected at pleasure. These fangs are very hard, sharp, and crooked, like the claws of a cat, and hooked backward, with a hollow from the base to near the point. I have occasionally seen a thin slit bone divide this hollow, making two. At their base is found a small sack containing two or three drops of venom, which resembles thin honey. The sack is so connected with the cavity of the fang during its erection, that a slight upward pressure forces the venom into the

fang at its base, and it makes its exit at a small slit or opening near the point, with considerable force; thus it is carried to the bottom of any wound made by the fang. Unless the fangs are erected for battle, they lie concealed in the upper part of the mouth, sunk between the external and internal jaw bones, somewhat like a pen-knife blade shut up in its handle, where they are covered by a fold of membrane, which encloses them like a sheath—this is the *vagina dentis*. There can be no doubt that these fangs are frequently broken off or shed, as the head grows broader, to make room for new ones nearer the verge of the mouth; for, within the *vagina dentis* of a very large *crotalus horridus*, I found no less than five fangs on each side—in all stages of formation—the smallest in a half pulpy or cartilaginous state, the next something harder, the third still more perfect, and so on to the main, well-set, perfect fang. Each of these teeth had a well-defined cavity, like the main one. Three fangs on each side were frequently found in copper heads, vipers, and others.

The process of robbing serpents of their venom is easily accomplished by the aid of chloroform, a few drops of which stupefies them. If, while they are under its influence, they are carefully seized by the neck, and the *vagina dentis* held out of the way by an assistant, with a pair of forceps, and the fang be erected and gently pressed upward, the venom will be seen issuing from the fang, and dropping from its point. It may then be absorbed by a bit of sponge, or caught in a vial, or on the point of a lancet. After robbing several serpents in this manner, they were found, after two days, to be as highly charged as ever with venom of equal intensity with that first taken.

During the process of robbing several species of serpents, I inoculated several small but vigorous and perfectly healthy vegetables with the point of a lancet well charged with venom. The next day they were withered and dead, looking as though they had been scathed with lightning. In attempting to preserve a few drops of venom, for future experiments, in a small vial, with two or three parts of alcohol, it was found in a short time to have lost its venomous properties. But after mixing the venom with aqua ammonia, or spirits of turpentine, or oil of peppermint, or of cinnamon, or of cloves, or with nitric or sulphuric acid, it still seemed to act with undiminished energy. It is best preserved, however, for future use by trituration with refined sugar or sugar of milk.

A very fine, large cotton-mouth snake, being captured by putting a shoe-string around him, became excessively ferocious, striking at even the crack of a small riding whip. Finding himself a prisoner, without hope of escape, he turned his deadly weapons on his own body, striking repeatedly his well-charged fangs deeply into his flesh. Notwithstanding this, he was put in a small basket, and carried forward. In one hour after he was found dead, and no amount of irritation could excite the least indication of life.

A large rattlesnake, beheaded instantly with a hoe, would an hour and a half after, strike at anything that pinched its tail. Of several persons who were testing their firmness of nerve by trying to hold the head steady while the serpent struck at it, not one could be found whose hand would not recoil in spite of his resolution; and one man, a great bully, by-the-by, was struck on the naked throat with considerable force by the headless trunk of the serpent, and staggered back, fainted and fell, from terror.

Seven venomous serpents, belonging to five different species, were made to fraternize and dwell amicably in one den. A beautiful pair of long-bodied speckled snakes, known as king-snakes, known to be fangless, and consequently without venom, were duly installed as members of the family. Some uneasiness was perceivable among the older members, but no attempt was made to destroy the intruders—though they might have been killed instantly. The next morning four of the venomous serpents were found to have been destroyed by the king-snakes, and one was still within their coil, and the two remaining ones would make no effort at self-defence. A large rattlesnake seemed stupid and indifferent to his fate. He could not be made to threaten or give warning even with his rattles. The smallest king-snake was afterwards inoculated with the poison of one of the serpents he had destroyed, and died immediately after,—thus evincing that they must have exercised some power besides physical force to overcome their fellow creatures.

In short, the result of a great number of experiments performed with the venom on a great variety of serpents, seem to lead to the following conclusions:

1. That the venom of all serpents acts as a poison in a similar manner.
2. That the venom of some varieties is far more active than that of others.

3. That a variety of the colluber, known as the cotton-mouth, is the most venomous serpent in Arkansas.

4. That the venom of serpents destroys all forms of organized life, vegetable as well as animal.

5. That alcohol, if brought in contact with the venom, is, to a certain extent, an antidote.

6. That serpents do possess the power of fascinating small animals, and that this power is identical with mesmerism.

7. That the blood of small animals destroyed by the venom of serpents, bears a close resemblance to that of animals destroyed by lightning or hydro-cyanic acid; it loses its power of coagulation, and cannot be long kept from putrefaction."

A correspondent of the New York Times, of the 24th July, attempts to criticise the above, but for what object it is difficult to tell, excepting to assert that aqua ammonia, if freely drank, will act as an antidote of venom. He also asserts in confirmation of what Dr. Gilman says, that alcohol is a remedy. The following extract from his letter will show how deeply scientific he is:

"It throws no light on medical science to say that those substances that *fail to preserve* unimpaired venoms or poisons are 'antidotes,' and it is not purely professional eminence to class as 'antidotes,' substances that destroy or impair certain properties, or change other matter, 'if brought in contact with it.' Oxygen is an excellent supporter of combustion, and although hydrogen, mixed or brought into contact with it, may destroy its burning properties by converting it into water, yet hydrogen is not, on that account, an antidote to oxygen, and no authority of L.L. D. could make it so."

Hydrogen mixed with oxygen will not destroy its burning properties, nor will it convert it into water. Hydrogen and oxygen burned on a piece of lime, produces the most brilliant of lights.

COW-POX VIRUS.

The great benefits resulting to mankind from the discovery of vaccination, renders it imperative upon every one to preserve the original purity of the art, as well as the advantages to be derived from the practice.

In order to effect this, great care should be exercised in reference

to the *virus* employed. That taken from the arms of children, vaccinated from matter that has run through many subjects, is, in our mind, far less reliable than that whose pedigree is perfectly known.

That the necessity of resorting to *virus* of doubtful quality, may be obviated, the publishers of this Journal have made arrangements for being supplied from Europe with the genuine *Cow-pox virus*. It comes in little glass tubes, containing three drops. The manner of using the virus from these tubes, is to break the end of the tube above the matter, and then by introducing a small needle into the tube, enough will adhere to vaccinate one child. The manner of applying it, is to place it on the skin from the needle, and then with the point of a lancet make a little irritation beneath it; the absorbents will imbibe it, and in about fourteen days it will attain its crisis, and from this, good fresh matter can be obtained. For sale by Rademacher & Sheek, price \$1.50 a tube, sent free to any part of the United States.

LENTZ, HIGH DILUTIONS.

As there is a disposition manifested in the minds of the members of the profession to try the efficacy of high dilutions, in the treatment of disease, we will introduce to notice the preparations of our friend, Dr. Lentz, of Chestnut Hill. Dr. Lentz has been engaged fourteen years in the preparation of high dilutions, and he is now prepared to offer to the members of the Homœopathic profession, quite a number of the principal medicines.

Dr. Lentz is frank in making known the mode of carrying up his dilutions. They are prepared centesimally, that is, on the Hahnemannian plan. Every dilution is prepared separately, and receives a hundred distinct shakes, so that if a medicine is labeled 500 or 5000, we feel confident it is correct—that is, the medicine has been diluted 500 or 5000 times. We recommend these preparations to the employers of high dilutions, in preference to Jenichen's, because we can vouch for their accuracy, the maker being an exact and careful manipulator. The medicines are sold for fifty cents a vial, and can be procured from Rademacher & Sheek, Philadelphia, William Radde, 322 Broadway, N. Y., and J. T. S. Smith, N. Y.

CATALOGUE



HOMŒOPATHIC BOOKS

FOR SALE BY

RADEMACHER & SHEEK,

239 Arch Street, Philadelphia.

H

Hamilton, Dr. Edward, Guide to the Practice of Homœopathy; translated and compiled in alphabetical order, from the German of Ruoff, Haas, and Rueckert. With many additions. London, 1844. Bound, \$1 50.

Hempel's Bœnninghausen's Therapeutic Pocket Book, for Homœopathic Physicians; to be used at the bedside of the patient, and in studying the *Materia Medica Pura*. 1 octavo vol., most complete edition, including the Concordance of Homœopathic Remedies. Translated and adapted to the use of the American profession, by C. J. Hempel, M. D. 1847. Bound, \$2 00.

Hempel's Homœopathic Domestic Physician. 1850. Bound, 50 cents.

Henderson, Dr. Wm., Homœopathic Practice. 1846. 50 cents.

Forbes, M. D., Homœopathy, Allopathy and Young Physic. 19 cents.

Henderson, Dr. Wm., Letter to J. Forbes. 19 cents.

☞ Of the above three books have been sold in England several thousand copies. Bound in one vol., \$1 00.

Hering, Dr. C., Domestic Physician, revised with additions from the author's manuscript of the *Seventh German Edition*. Containing also a Tabular Index of the medicines and the diseases in which they are used. *Fifth American Edition*. 1851. Bound, \$2 00.

☞ *Dr. C. Hering's Domestic Physician* is also to be had in *German*, (eighth edition,) *French* (second edition,) and *Spanish*.

Hoffendahl, Dr. C. F., On the Homœopathic treatment of Cholera. 13 cents.

Holt, Dr. Daniel, Views of Homœopathy with Reasons for Examining and admitting it as a Principle in Medical Science. 25 cents.

Homœopathic Cookery. Second edition, with additions, by the Lady of an American Homœopathic Physician. Designed chiefly for the use of such persons as are under homœopathic treatment. 50 cents.

Hufeland, *Enchiridon Medicum*, or the Practice of Medicine; the result of fifty years' experience, by C. W. Hufeland, counsellor of state, physician in ordinary of the late king of Prussia, professor in the University of Berlin. From the sixth German Edition; translated by C. Bruckhausen, M. D. Revised by R. Nelson, M. D., Second American Edition. Bound, \$2 50.

☞ Certificate of JOHN F. GRAY, M. D., formerly resident physician of New York Hospital, Lecturer on the Theory and Practice of Physic, Censor of the State and New York Medical Societies, &c., &c.,

I am very glad to find the press engaged in diffusing a knowledge of the German medical literature in this country. At the head of the German books of practice stands this book of the good Hufeland. Mr. Bruckhausen and Dr. Nelson have laboured with diligence and good faith in rendering the *Enchiridon*; and, so far as I have had leisure to compare their work with the original, I find no error of magnitude. Another edition will, no doubt, be called for soon, and then the worthy American curators can dispense with the somewhat meagre characteristic given to it by their too close adherence to the letter of the author. I heartily wish success to the good enterprise.

JOHN F. GRAY, M. D.

The reputation of the venerable eclectic of Germany scarcely requires endorsement even on this side of the Atlantic. An independent and original thinker, Hufeland,

Catalogue of Homœopathic Books, for sale by Rademacher & Sheek.

labored for the cause of medical science, and has acquired a universal renown amply attested to by his "Journal of Practical Medicine," "Art of Prolonging Life," "System of Practical Medicine," and numerous Essays, besides personal contributions of humane and necessary innovations in the treatment of "Inoculation," "Small-Pox," and "Signs of Death." His last work, *Enchiridion Medicum*, concentrates the experience of his entire medical life, and fully maintains in its careful and concise description and diagnosis of diseases all the evidence of the discriminating intellect of the Patriarch of German medical literature.

A. GERALD HULL, M. D.

Hull, Dr. A. Gerald, Life of Hahnemann. With an engraving of Hahnemann. 38 cts.

Humphreys, Fred., M. D., Dysentery and its Homœopathic Treatment. Containing also a Repertory and numerous cases. 1853. Bound. 50 cents.

Humphreys, Fred., M. D., Homœopathic Treatment of Diseases of the Sexual System, being a complete Repertory of all the symptoms occurring in the Sexual System of the Male and Female. Adapted to the use of Physicians and Laymen. Translated, arranged and edited, with additions and improvements. Second thousand, 1854. Bound 50 cts.

Humphreys, Prof. Dr. F., The Cholera and its Homœopathic Treatment. Bound, 38 cents.

J

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ORIGINAL COMMUNICATIONS.

DISEASES OF THE NERVOUS SYSTEM.

BY A. E. SMALL, M. D.

It must be conceded that a very great proportion of the diseases incident to mankind, have their seat in the nervous system ;—it is therefore requisite that the general nature of the functions of the nervous system should be well understood, in order to be able to learn accurately the nature of the interruptions to which they are subject from disease.

The mind evidently is connected with the nervous system on the one hand, while the contractile and sensitive parts are connected with it on the other. It may fairly be presumed then, that the inmost powers of the physical system are to be sought for in the nervous centres, and the nerves proceeding from them. It is therefore thought advisable to present a concise view of the anatomy and physiology of the nervous system, as an introduction to a consideration of the diseases incident to it.

The nervous system is divided into two parts, one portion is denominated the *cerebro spinal system*, and the other is termed the *ganglionic system*; and though each possesses many properties common to both, yet each has a distinct office to perform in the animal economy; and to promote this end each has certain peculiarities of structure, and modes of action, corresponding to its range of influence.

Bichat, denominated the cerebro spinal system, "*the nervous system of animal life*," because it includes all the nervous organs

through which sensation, volition and mental manifestation, the peculiar characteristics of animals, become apparent. This system includes the brain and spinal cord, and all the nerves proceeding from them, together with the several ganglia seated upon these nerves or that form a part of the substance of the brain.

The same author denominated the ganglionic system, the *nervous system of organic life*, because it performs a mediatorial office between the animal and organic functions. This system extends from the cranium to the pelvis, along each side of the vertebral column; it consists of a double chain of ganglia connected by nervous cords, from which nerves with ganglia proceed to the viscera of the thorax, abdomen and pelvis. From the nature of its distribution it will be observed, that it has less immediate connection with the mind either as communicating sensations, or receiving the impulses of the will; and by its peculiar mode of action it will be seen that it has a closer connection with the processes of the organic functions than the cerebro spinal system, and moreover by its peculiar attachments and relations to this system, it would seem to be the channel through which all that is really peculiar to animal life may exert a controlling influence over the processes of organic life, to render them subservient to the animal kingdom.

It is only in the higher orders of animals and in man, that these two systems seem to be so distinct and yet so harmonious in their separate modes of action. The differences between them are not so very essential, since their composition may be said to be the same. Their actions differ in degree, and for different objects,—yet the kind of action as well their mode of action are essentially the same.

In the lower animals all the nervous functions are performed through a single system, corresponding with the cerebro spinal system of the vertebrate animals; and even among this class many of the functions which are controlled in the warm-blooded by the ganglionic nerves, are controlled in the cold-blooded by the pneumogastric cerebral nerves.

In noting the peculiarities of the inorganic and the organic world the fact becomes apparent that the powers and processes that control in the inferior orders of nature become subservient to processes of a higher grade in the higher orders; for example, the physical forces of the mineral kingdom, that under all circumstances and

conditions control the inorganic elements, are no less the property of the vegetable kingdom, but here they become subject to the processes of organic life, which usurp complete control in the vegetable kingdom ; and further, the processes of organic life that control in the vegetable kingdom are assumed and controlled by those which are still higher in the animal kingdom ; for as every thing in the mineral kingdom becomes fashioned into the image and likeness of the vegetable, so every thing in the vegetable becomes fashioned into the image and likeness of the animal. It is by the superinduction of the nervous system in animals and in man that all the processes carried on in the inferior kingdoms of nature, become subservient to the controlling influences of animal life. A system therefore so important, and one that particularly characterizes the elevated position of man in the order of creation, demands the most careful consideration, and the following order may be observed in the investigation of the structure and functions of the nervous system.

1st. *Elementary structure of the nervous system.* The two nervous systems are made up of *nervous centres* and *nerves*. There are two kinds of structure entering into their composition, *vesicular* and *fibrous* ; both of these structures are regarded absolutely essential in the formation of the simplest nervous system.

In the nervous centres the vesicular and nervous matter are mingled together in masses, and wherever these two kinds of matters are found, and the vesicular matter is mingled with the fibrous, it may be inferred that the generation of nervous force takes place and it must be regarded a nervous centre. The mingling of the vesicular matter with the fibrous in masses is found in the brain, spinal cord, and the several ganglia ; these therefore are the nervous centres of the nervous system. Nervous force being generated in the nervous centres, requires as a matter of course, appropriate channels to convey it to the periphery of the animal body, and these channels are the *nerves*, which are constructed entirely of the fibrous nervous matter, and distributed in the several parts of the body, for the purpose of conveying nervous force to them, or of transmitting to the nervous centres the impressions made by stimuli. Impressions or conditions are simply conducted along the nerve fibres ; they may be made to deviate from a direct course in the nervous centres, and be reflected, diffused or otherwise disposed of. The

particular structure of nerves is of minute fibres or tubuli filled with nervous matter arranged in bundles of parallel or interlacing fibres; and these bundles are connected by intervening fibro cellular tissue in which the blood-vessels of the nerves ramify; a layer of the same tissue also surrounds the whole nerve, and constitutes its *neurolemma* or sheath.

There are two kinds of nerve fibres observed mingling in most nerves throughout the body. One kind is the most numerous in the nerves of the cerebro spinal system, and the other the most numerous in the sympathetic system.

The fibres of the nerves of the cerebro spinal system consist of tubules of simple membrane, remarkably pelucid, within which is contained the proper nerve substance, a transparent oil-like material, which gives to each fibre somewhat the appearance of a perfectly transparent glass tube filled with a fluid of a corresponding character. This is the appearance of the recently fresh fibres, but after a little time elapses after death, these same fibres change their appearance so as to render it quite evident that their contents are composed of two different materials, the internal or central part occupying what is termed the axis of the tubes, becomes grayish, while the outer or cortical portion becomes opaque and grumous, as if from a kind of coagulation; at the same time the transparent cylindrical tube is exchanged for an opaque double contour, the outer of which being formed by the sheath of the fibre and the inner by the margin of curdled medullary substance. Little masses of granular material soon begin to collect, which distend some portions of the tube, and cause others to colapse, so as to impart a bended appearance to the structure instead of their former cylindrical form.

By reason of the marked difference produced upon the contents of the nerve fibre when exposed to the same conditions, the opinion has been entertained, that the central and circumferential portions of each nerve fibre differ in their essential characteristics.—The central portion has on this account been named by some the *axis cylinder*, and by others the *primitive band*. The outer portion is usually described under the name of the *white substance* of Schwann, which gives to the cerebro spinal nerves, their peculiar white aspect. When the nerve tubules are pressed, their contents readily pass from one portion of the tubular sheath to another, being extremely soft. The size of nerve fibres varies from $\frac{1}{14000}$ to $\frac{1}{2000}$ of an inch in

diameter, the smallest being found in the fibrous matter of the brain and spinal cord.

The *fibres of the second* kind, are found abundantly in the trunks and branches of the ganglionic nerves, and they mingle somewhat with the other fibres in the cerebro spinal nerves.—They differ from the fibres of the first kind : 1st, in being only about $\frac{1}{2}$ or $\frac{1}{3}$ the size. 2. They have not the double contour, as have the first and fourth, their contents are apparently uniform. 3d. They wear a yellowish-gray aspect, instead of the peculiar white aspect of the cerebro spinal nerves. These characteristics render it probable that they differ from the other nerve fibres in not having the outer layer of white or medullary nerve substance, their contents are seemingly composed throughout of the substance corresponding with the axis-cylinder, or primitive band of the larger fibres.

There appears to be a third kind of fibre intermediate between the two above described, having somewhat the peculiarities of both—which perhaps may be sufficiently indicative that the two kinds of nervous fibre may not be so essentially different as to lead to the supposition that a material difference, either in their office or mode of action, must inevitably be maintained.

Every nerve fibre proceeds uninterruptedly from its centre or origin, to its destination, without branching, anastomosing or forming any direct union whatever with the substance of any other fibres, and it matters not whether its destination be at the periphery of the body, another nervous centre, or the same centre of its origin.

Bundles of fibres may lie in apposition with each other and run together in the nerves but they never unite, where the bundles appear to anastomose there is no union of fibres, but only an interchange of fibres between the fascicula or bundles. It will therefore appear that the central extremity of each fibre is connected with the peripheral extremity of a single nervous fibre only, and this extremity is in direct relation to only one point in its nervous centre, whether this point be in the brain, spinal cord, or other nervous centre. It is therefore plain, that all the nerves distributed to the periphery of the body, are represented by corresponding parts of the large nervous centre; that each nerve is represented by its corresponding centre, and that each of the millions of primitive fibres which are distributed to the peripheral points of the body, is represented by a corresponding point in either the one or the other of

the nervous centres, each nerve may proceed from its ganglion and each fibre from its vesicle—thus presenting the sublime view of a centre within a centre, corresponding, 1st, to all the nerves, and 2d, to each separate nerve, and 3d, to each separate fibre of which the nerves are composed.

The nerves at certain parts of their course, form what is termed *plexuses*, in which they anastomose with each other and exchange fasciculi; the object of such interchange of fibres is apparently to give to each nerve passing off from the plexus, a more extensive connection with the spinal cord, as this would evidently be the case, by communicating with other nerves. The most familiar examples of the communication of nerves in forming of plexuses, are found in the brachial and lumbar plexuses. The brachial is formed by the intermingling of fasciculi from the last four of the cervical nerves, and the first dorsal. It will be perceived from this intermingling, that the parts supplied with the brachial plexus become more extensively related to the nervous centres and more extensive sympathies.

The nerve fibres have a *central termination* in the nervous centres, and a *peripheral termination* in the parts which they supply.

The nerve fibres are said to form a delicate *terminal plexus* as they approach their final and minutest distribution in the several tissues, in small nerves or bundles, which divide, break up, and give off the primitive fibres to be disposed of in various ways, in different tissues. It is difficult to describe the manner in which they terminate, several different modes have been noted, as follows:—

1. They terminate in *loops*, each fibre after issuing from a branch in a terminal flexus, runs over the elementary structures of the containing tissue, then turns back and joins the same or a neighbouring branch in which it proceeds back again to the nervous centre; examples of this arrangement are found in the internal ear, papillæ of the tongue, papillæ of the skin, and some other tissues.

2. They terminate in *plexuses* in certain serous membranes, as in the arachnoid of the brain and spinal cord, and other serous membranes.

3. They terminate by *free ends*, as in the *retina* and in the Pacchionian corpuscles of the skin, (for a description of which see Todd & Bowman's Physiology.)

4. They terminate according to Wagner, by the large nerve fibres

suddenly breaking up into numerous branches, anastomosing and forming a net-work, giving off branches which seem to become lost in the substance of the tissue in which they are distributed.

The above constitute the chief modes of the peripheral termination of the nerve fibres ; but their *central termination* is in vesicles in the nervous centres, as before stated. These *vesicles* or *nerve corpuscles* have a variety of shapes, and are described as the *simple stellate* or *caudate*, &c. The *function of the nerve fibres* is simply to convey or conduct nervous impressions, and this is of a two-fold character. 1st. Any impression made upon their peripheral extremities, or any part of their course, they convey to the nervous centres ; and it is for this reason, that the mind through the brain is able to take cognizance of external objects. 2dly. They serve to convey impressions from the brain and other nervous centres to the parts where the nerves are distributed.

These impressions appear to be of at least two kinds ; such as excite muscular contractions, and such as influence the organic functions, secretion, nutrition, &c.

To fulfil the two-fold office of nerve fibres, two distinct sets of them are provided in both the cerebro spinal and ganglionic systems ; and in general terms they are called *afferent* and *efferent*.

The *afferent* are those which conduct impressions from the periphery to the centre. In the cerebro spinal system, they are termed *sensitive*. The *efferent* are employed to transmit central impulses to the muscles, and are termed *motor*, as belonging to the *nerves of motion* ; both of these offices of the nerve fibres, appear to exercise influence in functions of secretion and nutrition.

Nerve fibres appear to possess no power of originating impulses to action, or of generating nervous force ; they require to be stimulated in order to enable them to manifest their peculiar endowments. The property which the fibres actually possess is that of conducting impressions ; this property has been named *excitability*, but it always requires the application of some stimulus to produce this property. Those nerves which convey sensations to the brain, are stimulated by external objects acting on their extremities ; and those connected with locomotion or motion, are acted upon by the will, or by some force generated in the nervous centres. Almost every thing that interrupts the pressiveness of the nerves, may in some sense be regarded a stimulus. But it is to be observed that a stimulus

applied to the moter fibres will produce motion, but if the same stimulus be applied to the nerves of sensation, or rather to the fibres of the sensitive nerves, sensation will be produced. It is not necessary to enumerate the various stimuli that will give rise to excitability, in general terms it may be said to be mechanical irritation, chemical stimuli, electricity, magnetism, &c.

Nerve force moves with inconceivable velocity along the nerve fibre; in a moment, in the twinkling of an eye, a single mandate of the will controls all the motive fibres of the body, and any impression from any source whatever made upon the peripheral extremities of the nerves of sensation, is as rapidly conveyed to the nervous centres.

Mechanical irritation so violent as to injure the texture of nerve fibres may prove an obstruction to nerve force, so that a stimulus applied to the nerve more distant from the nervous centre than the injured spot, will fail of producing sensation; and any injury done to the fibres of the motor nerves operates as an obstruction, to the mandates of the will, in producing muscular contraction, more distant from the nervous centre than the point of injury.

It must be observed also, that no nerve fibre can convey more than one kind of impression; a motor fibre can only convey motor impulses, or such as contribute to motion in contractile parts, and a sensitive fibre can only convey such an impression as may produce sensation if propagated to the brain. The fibres of the nerves of the special senses can only convey their peculiar sensations; as, the optic that of light, and the auditory that of sound. Neither the rays of the former, nor the sonorous vibrations of the latter, can influence the nerves of common sensation, but other stimuli which may be productive of pain when applied to the nerves of special sense, may produce morbid sensations of light, or sound, or taste, according to the nerve on which the impression is made. This fact is important in a pathological point of view, as a correct interpretation thereof may often aid in forming a more accurate idea of diseased action.

Impressions conveying sensations may be made upon any point of a nerve; thus when parts are deprived of sensibility by compression or division of the nerve supplying them, irritation of the portion connected with the brain still excites sensation as sensibly

as if connected with the peripheral portion. This accounts for the violent pain sometimes experienced from a paralyzed limb, when the limb itself is totally insensible of any impression; the sound part of the trunk of the nerve in connection with the brain being irritated, while that portion distributed to the limb is void of any sense or feeling. When a nerve is divided, there is no possibility of any impression made upon its cutaneous extremity being conveyed to the brain, but the same sensations which were before produced by external impressions may result from internal causes. This accounts for the fact that when a part of a limb is amputated, the remaining part of the nerves which were distributed to it, gives rise to sensations, which the mind refers to the lost portion; as for instance, when the stump and divided nerves become inflamed, the patient complains of pain as if felt in the part removed. When the stump is healed, after a hand or foot has been amputated, the sensations commonly felt when these limbs are sound, even to the extremities of the fingers and toes, are still felt.

There are many interesting facts illustrative of the peculiar characteristics of the nerves which might be cited in addition to the above, but our object being to consider the general physiology of the nervous system with reference to diseases incident to the same, we will pass to a consideration of the *function of the nervous centres*.

As before remarked, every nerve and every fibre terminates in a centre. All parts of the nervous system which contain ganglion corpuscles, or vesicular nerve substance—the brain, spinal cord, and the several ganglia which belong to the cerebro-spinal and ganglionic systems, the term *nervous centre* is applied.

Each of the nervous centres has a distinct function to perform in the body, that bears a direct proportion to the number of nerve fibres that connect it with the various organs, and with the other nervous centres; but there are general properties common to all nervous centres.

All nervous power or force is believed to be generated in the nervous centres, whether it be the impulse by which the muscles are excited to action, or the force that maintains and controls the organic functions; but this is only true in a dependent or qualified sense, for the brain does not issue any impulse only when it is impressed by the will or stimulated by impressions from without.

Neither do the other nervous centres impart any power only as it is called out by previous impressions. For example: the ganglia connected with the organic functions do not give out the nervous force necessary to the contractions of the intestines, only as stimulated by substances already in the intestinal canal.

It is the specific office of the nervous centres throughout the body, unquestionably, to variously dispose of or to transfer the impressions that reach them through their many centripetal nerve fibres. All impressions are conveyed to the centres along the simple course of the fibre and communicated, but they are *perceived* only in the brain.

To illustrate more fully what is understood by *conduction in or through nervous centres*, the following example may be cited: food taken into the stomach acts as a stimulant, producing a certain impression on the nerves in the mucous membrane of the organ; this impression is conveyed through them to the adjacent ganglia of the sympathetic system; ordinarily, this would call forth a force from the ganglia that would result in a movement of the muscular coat of the stomach and the adjacent parts; but if the food should contain any thing detrimental to the interests of the economy, a sharper irritation than the food is capable of imparting may be conducted through the nearest ganglia to others more remote and more distant, causing an influence to be sent back upon the organic functions that either paralyzes their efforts or enhances their activity to a degree that draws forcibly upon the vitality of the system. Irritation may be conducted through all the sympathetic ganglia, and farther to the ganglia of the spinal nerves, and through them to the spinal cord, whence may react that kind of motor impulses sometimes witnessed in the abdominal and other muscles, producing cramp. From the spinal cord, the same impression may be sent to the brain, and to the mind itself in a reverse direction. The mind may act on the brain, and send its influence from them to the cord, the ganglia of the spinal nerves, sympathetic ganglia, and back so far as to exert its influence upon the stomach and neighboring parts.

The nervous system in man, composed as it is of nervous centres and nerves, is so connected in all its parts as to produce the most intimate relation between the motive and sensitive fibres. The sympathetic system when in health may receive normal impressions without a palpable conveyance of them to the sensorium, as may the

normal operations of the sensorium take place without producing any perceptible modification of the organic functions; but any unnatural impression made upon either may sensibly affect the other.

Impressions may be *transferred, diffused or reflected*; as for instance, an *impression* made upon the nerves of the hip-joint, may be conveyed to the spinal cord, and from thence to the central ends of the nerve fibres of the knee-joint, and through these the transferred impression is conducted to the brain. This accounts for the mind taking cognizance of the disease as existing in the knee instead of the hip. Sometimes, however, the primary impression is conveyed from the hip, and then the pain is felt in both the hip and the knee. An impression is said to be *diffused*, when it is received at a nervous centre, and diffused to other fibres in the same centre, produces sensations over an indefinite area; hence result various kinds of impressions, denominated *sympathetic*. Sometimes such sensations are referred to every part of the body. *Reflected impressions* are such as are communicated from sensitive to motor fibres; as for instance, light falling on the retina contracts the iris; and more extensively, when an irritation in the larynx conveyed to the sensorium brings all the muscles engaged in expiration into coincident action.

In order to apprehend more conclusively the nature of diseases pertaining to the nervous system, a more thorough acquaintance with the nature of these various kinds of impressing is requisite, and the reader is recommended to works on the nervous system, that he may become as familiar as possible with its physiology; our space will only permit an outline view.

The specific functions of various portions of the nervous system commend themselves for careful consideration.

The cerebro-spinal nervous system includes the brain, medulla oblongata, the spinal cord, the nerves going from them; and the functions in general of these several portions must be well understood in order to note with any degree of accuracy an interruption of them. From what has been stated, it will be perceived that the nervous system is not only the essential instrument of vital association but of vital endowment, and therefore present in every part of the body. The nerves may be divided into three classes, as follows:

First.—The cerebral, or the sentient and voluntary.

Secondly.—The true spinal, or excito-motory.

Thirdly.—The ganglionic, or the nutrient and secretory.

Without pursuing the physiology of the nervous system farther, as preliminary to the consideration of the diseases incident to it, we will remark, that it will be necessary to have frequent reference to the physiology of the parts where disease is manifest. We will first consider the characteristics of the various diseases incident to the nervous centres.

DISEASES OF THE NERVOUS CENTRES.

The nervous centres of the cerebro-spinal system are each protected with coverings or meninges, which often become the seat of disease; these will be duly considered in the following pages. The nervous centres often become the seat of congestion, which may be considered in the following order: 1st, congestion, or hyperæmia of the cerebrum; 2d, of the cerebellum; and 3d, of the medulla spinalis.

Congestion, or Hyperæmia of the Cerebrum.

By congestion is understood an accumulation of blood in the vessels of some portion of the centre, and when it occurs in the cerebrum the following symptoms are apparent: when slight, there is merely pain in the head, vertigo, confusion and disposition to sleep; the intellectual faculties may not be disturbed, sensibility and the power of motion may remain unimpaired; at other times, there may be retarded movements, or the reverse, an incessant desire to be moving, and sometimes, though seldom, accelerated movements, may result. Formication is sometimes felt on one or both sides of the face, and in the limbs.

The *pulse* is full and strong, very tense and vibratory; the temporal and carotid arteries beat violently, although the pulsations of the heart may betray nothing abnormal.

The *face* generally becomes red; the *eyes* injected; and sometimes *epistaxis* succeeds these indications.

Sometimes fever attends these symptoms, and at other times they are unattended by any febrile excitement.

The hyperæmia may continue for a short or longer period, recurring frequently, and sometimes at regular seasons, as for example,

every evening; or at more distant intervals, as spring and autumn. When it is extensive, the patient sustains a sudden loss of consciousness, and falls down as if deprived of life. He may remain in this condition for a length of time, deprived in a great measure of sensation, volition and mental manifestation. Death may take place in a very short time, or restoration may speedily ensue; some slight impairment of the intellect may be apparent for a short time, the speech may be somewhat affected, and not unfrequently the sight or hearing becomes temporarily impaired. This disease having been described frequently as *a form of apoplexy, determination of blood to the head, &c.*, may be distinguished from that which is termed hemiplegia, on the account of there being only an ephemeral debility, either general or partial, and not permanent paralysis, as is the case when there is an arterial, cerebral hæmorrhage. Paralysis of the entire side of the body may take place from hyperæmia of the cerebrum, but it differs from that which takes place from hæmorrhage in the cerebrum in being of short duration only. There are, however, some exceptions to this rule, as cases of permanent paralysis have occurred from a mere congestion of the blood vessels of the cerebrum, without the slightest traces of there being any evidence of hæmorrhage. This form is generally attended with convulsions and ephemeral paralysis of important organs, as the tongue.

Sometimes persons are attacked several times a day with *rush of blood to the head*, impairing for a short period the functions of sensibility and locomotion, and sometimes the difficulty may be indicated only by intellectual disturbance, with scarcely any impairment of sensibility or mobility. In this case the delirium is intense, and the patient may exhibit immense muscular power. Death, for the want of nervous supply to the respiratory apparatus, sometimes takes place suddenly, when this symptom supervenes, the face appearing florid and swollen, and at times livid and black.

CAUSES.—The causes of hyperæmia or cerebral congestion are various: sudden changes from the extremes of temperature, or exposure to a very cold atmosphere, may be recorded among the prominent causes; anything that produces irregularity of action of the blood vessels of the brain, may produce hyperæmia in that viscus, and anything that interrupts the general circulation may also occasion the difficulty. Copious blood-letting, and other

debilitating losses such as are brought about through hæmorrhages, may also be recorded among the causes that impede the circulation, and result in cerebral congestion. Over doses of opium, alcohol, belladonna, and other narcotics, may also be recorded among the causes.

TREATMENT.—The remedies the most suitable for cerebral congestion are, Aconite, Arnica, Belladonna, Bryonia, Chamomilla, China, Ferrum, Graphites, Ipecac., Mercurius, Nux vom., Opium, Pulsatilla, Sepia, Sulphur, Veratrum, and Zincum.

When the determination of blood to the head is accompanied by a full, bounding pulse, flushed face, or the patient complains of fulness and oppressive weight in the forehead, with sensation as though all the contents of the skull would gush through the forehead, or when there is heat in the forehead and redness of the face, *Aconite*.

When there is rush of blood to the head, with burning heat in the head, the body being cool or not usually warm, *Arnica*.

When there is cerebral congestion, with internal and external heat of the head, with distension and throbbing of the cerebral arteries, attended with loss of consciousness, *Belladonna*.

When in bilious temperaments there is great fulness of the head, with pressure in the direction of the forehead, or pressure from within outwards or the reverse, attended with drowsiness in the day time and slight wandering, and when the symptoms attending the hyperæmia become aggravated by motion, *Bryonia*.

When there is rush of blood to the head, with beating in the brain, attended with inquietude, moaning and tossing, and particularly when the patient has complained previously of semi-lateral drawing and tearing in the head, *Chamomilla*.

Rush of blood to the head, with heat and fulness in the head, in exhausted persons, or in those who have sustained severe losses, *China*.

In persons of feeble constitution, who are subject to alternate constipation and diarrhœa, with headache and painful pressure when in the open air, periodical throbbing headache when attacked with hyperæmia of the cerebrum, *Ferrum*.

When there is mere headache, vertigo, confusion, and a tendency to sleep, without loss of sensibility and the power of motion, and also a humming in the ears and perspiration about the head, *Graphites*.

In cases where the hyperæmia is succeeded by vomiting and aversion to every kind of food, bitter taste in the mouth, pressure in the head, or headache of the most violent character, and vomiting at the same time, with violent distress in the stomach, *Ipecacuanha*.

In bilious temperaments somewhat subject to arthritis or gout, where the subject is prone to nocturnal fevers or disposition to perspire, vertigo in the evening, and headache as if it would fly to pieces, with fulness or hyperæmia of the cerebrum, *Mercurius*.

When there is an increased desire to be moving about, and fornication on one or both sides of the limbs and face, irascible and irritable, or very drowsy, severe headache after eating, and rush of blood to the head, with humming in the ears, *Nux vomica*.

When there is felt a heaviness of the head, and stupefaction or headache, aggravated by moving the eyes, or congestion of blood to the head, attended with drowsiness and violent throbbing, *Opium*.

In females subject to painful menstruation and frequent attacks of hyperæmia, *Pulsatilla*, *Sepia*. These remedies are also well suited to alleviate rush of blood to the head in feeble constitutions and mild dispositions of either sex. When the subjects are of a psoric habit, or possess any hereditary taint, *Sulphur* may precede the use of either.

Bubbling or throbbing headache, caused by rush of blood to the head, especially early in the morning, *Sulphnr*.

When rush of blood to the head has been caused by fright, and the head feels as though it would burst, *Veratrum*, and also *Aconite* and *Chamomilla*.

Hyperæmia in scarlatina, *Zincum*.

Aside from the remedies named above, the following may be considered:

When there is headache when sitting, as if there is fulness of the blood-vessels and throbbing in the vertex, and twitching on the forehead and temples, itching in the eyes or vertigo as from intoxication, *Agaricus muscarius*.

For headache in the forehead from staying in a close room, with feeling of weight when turning the eyes, *Agnus castus*.

Rush of blood to the head, affecting the eyes and nose, and headache as if the hairs were pulled out, pressure in the forehead and bleeding at the nose, augmented during a walk in the open air,

Alumina ; also, when the rush of blood is preceded or followed by weak memory and inability to think, *Alumina* ; attended with nausea, drowsiness in the day time, vertigo and painful pressure and humming, as if the contents of the skull would issue through the forehead, or as if the head would split, burning in the eyes, *Ammonium c.*

When rush of blood occasions headache deep in the brain, with sensation as if the head were larger, *Bovista*.

Congestion of the blood to the head, attended with icy coldness in and about the head, tendency to start, obstinate, despairing mood, chilly internally, *Calcarea carb.*

Rush of blood to the head with throbbing in the head, red and hot cheeks, and headache as if a stone were lying on the head, *Cannabis*.

Rush of blood to the head with humming in the ears, and hard of hearing, the occiput feels enlarged, *Dulcamara*.

Painful rush of blood to the head when first commencing to move, *Fluoric acid* ; when brought on by mental emotion, *Ignatia* ; when brought on by stooping, *Lachesis* ; with intense heat in the head, *Nitric acid* ; when attended with shocks in the head, *Spigelia* ; when there is stupifying pressure of the whole brain, *Ruta graveolens*.

The general function of the cerebral hemispheres being intimately related to the mind, one of the main evidences of their being implicated is the greater or less impairment of the mental manifestation, such as dulness, stupor, loss of mind and memory, delirium, &c. Nearly all cases of hyperæmia will be likely to be indicated to a greater or less degree by some of these phenomena. It is well known that any severe injury to the cerebrum, or sudden pressure by severe rush of blood to the head, may instantly deprive a man of all power of mental manifestation, and that congenital deficiency of the cerebral hemispheres is attended with corresponding feebleness of the intellectual powers.

GENERAL TREATMENT.—During an attack of hyperæmia of the cerebrum, whether the patient is severely afflicted or not, it is better for him to lie with his head low, and if subject to frequent attacks to subsist upon a moderate diet easy of digestion.

WHAT IS HOMŒOPATHY?

BY JAMES S. ROWLAND.

Does homœopathy avail itself of the new discoveries which are continually taking place in every department of the medical science? Homœopathy takes especial cognizance of every new discovery or suggestion which tends to render disease less obscure in its manifestations, or which in any manner contributes to advance our medical knowledge.

Homœopathic physicians, as a class, are by no means an illiberal set of men. They are at all times open to conviction, and are ever willing, and with pleasure do receive practical observations, no matter from what source they may chance to emanate. But this spirit of liberality, and generosity of intellectual sentiment, if my observations are not at fault, does not pervade the opposite profession to the same extent as may be witnessed in our own. And the physicians of the opposite persuasion are perhaps less prone to investigate and consider any theory or practical observation that may chance to emanate from a disinterested source than the homœopaths. I suppose that there is not one allopath in one hundred—nay, in five hundred—who ever looks into a homœopathic work. Far different with the homœopath. He not only masters the literature of his own profession, but invades the territories of allopathic medicine, and attacks the enemy upon his own ground and with his own weapons. Therefore, most generally speaking, when you hear the homœopath denouncing allopathy, you may safely conclude that he has sufficient data upon which to base his opposition. But this observation, which applies with such pertinent force to the homœopath, is not capable of a similar application to the allopathic physician. Most generally speaking, when you hear the allopath denouncing homœopathy, you may safely conclude in nine cases out of ten, that he is wholly ignorant of what he is denouncing. And, if you are not altogether satisfied with your conclusion, and desire a confirmation of the same, just interrogate him for a few moments, and you will find him, as above intimated, woefully deficient with regard to such information as would justify him in arrogating to himself the garb of an arbiter.

As an evidence of what I asserted at the outset of this essay,

that homœopaths avail themselves of all the novel discoveries which are here and there taking place almost continually in every department of the medical science, I would briefly refer the reader of this article to the brilliant discoveries in morbid anatomy which have been achieved by the illustrious Craig, Pagget, and others. The observations as made by these illustrious champions of science and philanthropy, are carefully treasured up as indispensable records in the annals of our medicine for future use, and to furnish us also with ampler materials, which as landmarks may guide us through the thick gloom of an intricate diagnostication. The discoveries of the illustrious Lænnec, by means of physical exploration, have of late received our most special attention, and this great man deserves an eternity of gratitude, not only from the profession of allopathy and homœopathy, but from the world at large,—as in many instances, without the aid of the stethoscope in conjunction with auscultation, we should be but poorly qualified to treat many of those complicated forms of pulmonary disease which under other circumstances less favorable would baffle the most accomplished skill. Our surgeons, too, I am happy to see, are following in the wake of the latest improvements which have taken place in this department of medicine, and are beginning to attract more or less attention by the splendor of their attainments in this branch of the medical science; and I make no doubt that many who die from a want of proper treatment under the surgeons of the old school, might be saved with little or no difficulty under the new method of practice. How imperiously, then, under these circumstances, does it become the duty of the homœopath to make himself an accomplished surgeon. I fear very much, however, that our attention has been turned too exclusively to making ourselves good practitioners of medicine in the usual acceptation of that term, and that we have not sufficiently directed our attention to this department of the science. It is true that surgery belongs neither to homœopathy or allopathy, but that it is rather independent of either; yet, while it lays a very just claim to independence, nevertheless, after every operation the patient must receive a certain degree of treatment; and this treatment, in many instances, must determine the success of the operation. If it then be claimed by the homœopathic profession that their method of treating all those diseases which belong to surgery proper is of the ablest

character, it therefore becomes very important that they should look to the education of this class of practitioners. It is quite true that when our science was in its infancy that it was better that the followers of Hahnemann should turn their attention more to the department of therapeutics than suffer it to be diverted away in any other direction; but as homœopathy is at this time something more than an infant, the world begins to look for it to lay aside "childish things," and to deport itself as a full "grown man." It is high time that we should have surgeons; the directing of our attention this way should no longer be delayed. It is true that we have surgeons—but then they are "like angels' visits, few and far between." What we desire is, to see a multiplication of this class of persons, and what I above all else am most desirous of seeing is, to show to the world that while we are the ablest practitioners, we are also the greatest surgeons. We trust that the importance of these observations may be looked to and acted upon by those who have influence and position in the profession, and who have, moreover, opportunity of becoming surgeons. Nothing, I am sure, would so much embellish the specific healing art as a few surgeons, as brilliant in their reputation as Pancoast and Mutter, and Gibson and Mott, and Gross, and Goddard, and Geddings, and a host of others, who shine with an eclipsing splendor along the firmament of allopathic medicine. It may be affirmed that it would require years of patience, and study, and toil, to reach the dizzy heights of these great men. True, it will require all this; but if one wishes to become great and renowned, he must "watch and pray," for without labor—great labor—we need not hope to accomplish much, or achieve great purposes and mighty ends; our motto, however, should be "excelsior," and we should never become discouraged—"what man has done, man may do."

Then let it be hoped for homœopathy that she will in no sense of the term become a stand-still system of medicine, but let it rather be hoped that she may grasp with as much eagerness at the splendid discoveries which are continually taking place in every department of the medical science, as her more elderly sister, allopathy. Let it then be the high aim of all homœopaths not to suffer themselves to be surpassed by allopathy in any of the branches of medicine—no, not even in those collateral branches of education which bear even remotely upon the therapia of our school. We are

altogether very well satisfied with the past progress of our system, yet we are disposed to think that a proper zeal and energy would have achieved more. If, however, the homœopathic system should continue to progress as formerly, and should the advocates of this infant system continue to display the same zeal and energy in applying the new discoveries which are continually taking place in every sphere of the healing art, the fate of the allopathic system it does really seem to me will become very obvious. It will be, as I really believe it is now, a doomed system of medicine, and the allopathic system will then be compelled to fall back in the rear ranks of the profession, as a system totally inadequate to meet the enlightened demands of progressive thought. It will then be a little mournful to contemplate the old dilapidated system of allopathy, with its diaphoretics, emetics, and cathartics, &c., &c., giving way before the advancing tide of medical reformation, to be laid upon the shelf with all its train of countless evils, which for many centuries past have been strewn, like those of Pandora's box, along the thorny pathway of man; and in that situation it will be pointed at as a mere record of the rude, undeveloped efforts which the human mind in former times has made, while endeavoring to ferret out those great principles which it was intended should become subservient to the good of the human race. But nothing more. As o'er the dead body of some poor erratic being whom we have known along the stormy shores of existence, and whose life was "linked to one virtue and a thousand crimes,"—when, I say, we approach near unto the solitary and neglected tombstone of this poor wretch, sympathy forbids that we should name his crimes, while memory bids us rehearse his virtues. Thus it will be with allopathy—"when the sceptre shall have departed from Judea," and it shall have become,

"The school-boy's tale, the wonder of an hour."

But when allopathy is laid upon the shelf, what, we may ask, will become of homœopathy? Why, it shall live on as the young David of medicine, with its Goliath at its feet, to wrestle with what prejudice and ignorance may yet remain behind, at last to overcome it and dethrone it with its wondrous "sling," and free the human race from much bodily suffering; and exist also as the great

channel through which all those great truths which appertain to man's healthy and diseased organism shall flow.

It may be affirmed that the above is rather a crude prophecy, and blindly concocted under the combined influence of enthusiasm and prejudice, and one which it is by no means likely will ever occur. As we are not inspired, we cannot absolutely affirm that such a prediction will inevitably be realized; but from the facts which at this time present themselves to our minds, we augur that such a vaticination is not at all unlikely to supervene. If sufficient data are given any one with pretty good powers of discernment, he may, generally speaking, give vent to those predictions which claim from the foolish and ignorant the gift of prescience, and cause them to look upon him as being endowed with powers not less miraculous than the celebrated humbug clairvoyant, A. J. Davis. Hence, if we behold the bickering elements of "anarchy and wild confusion," pervading the bosoms of a whole people or a mighty nation, if we behold a want of unanimity of sentiment among that people or nation, and altogether a revolutionary spirit abroad—we may safely predict the downfall of that people or that nation. Again, if we see a man or an individual addicted to excess in potation, we safely conclude also in this case that ruin will overtake him sooner or later. Just so with the allopathic system of medicine; when we see discord in its ranks—a want of success in its treatment—and, above all, such a contrariety of sentiment among its learned authors—we may also conclude in this case, as in the two former, that the system will sooner or later "come to naught."

It is a scriptural aphorism, and one which is worthy of "all acceptation," and no less true, perhaps, than many others which are to be found within the pages of holy writ, and which daily experience confirms,—“that a house divided against itself must fall.” If we glance at this ominous prediction, and then look to the literature of the allopathic school, we shall behold "destruction" written upon the brow of her shame and iniquity. Look, if you please, over the records of allopathic medicine, and there you will behold the most adverse and conflicting sentiments entertained, even in the treatment of the simplest forms of disease. In the treatment of typhus fever, or pulmonary pthisis, for instance, you will find the greatest variety of opinions existing with reference to the treatment of the above diseases. Now this should not be, and

to my mind it is conclusive evidence of imperfection, and the absence of a therapeutic principle to guide them in the application of their remedies. To my mind it is utterly shocking to contemplate such a bewildering and unintelligible mass of crude and conflicting opinions; and then, too, it should be remembered, that each of these opinions has its advocates, and that the great majority of these opinions are not fraught with any good to the human race, but on the contrary are pregnant with the most fearful and disastrous consequences imaginable. When will such a theory have an ending—and when, oh! when shall we behold the learned science of allopathy in the possession of some great and fundamental principle? When such a chaos of opinion is to be seen among the greatest medical authors of the day, it is not to be wondered at that we find so many who have just embarked in the uncertain science of medicine regretting such an undertaking, and saying that medicine is altogether destitute of certainty and precision. Such a state of things will always prevail until there is an establishment of certain, reliable principles. The allopath need not expect anything else. The confusion among authors which I have just adverted to, is making not only skeptics among those who have just embarked in the science of medicine, but it is making skeptics among the friends and alumni of their schools. These skeptics will continue to increase, until this very confusion shall overthrow their system, and confirm the scriptural aphorism “that a house divided against itself must fall.”

Again, has the doctrine of small doses any scientific foundation? It has this scientific foundation, viz.: that when we assume the law of homœopathy to be true, it becomes extremely scientific. The law of Homœopathy for instance, assumes that all diseases are cured by virtue of the power of medicine to produce a similar disease. Therefore, if disease be cured at all in this manner, it becomes quite obvious that the existing similarity between diseased action and the morbid action set up by the remedial agent are so closely allied, that it will take but a very minute quantity of medicine to produce a given effect. In order to illustrate this more fully, it will become necessary to cite a single example. In disease of the eye for instance, in certain forms of ophthalmia where all the membranes of the eye are inflamed, it requires but a small quantity of light to produce a most painful impression, whereas under ordinary circum-

stances, when the eye is in its normal condition, little or no effect would be produced. If any it would be an agreeable effect; light being the natural stimulus of that organ. It must be observed then that under these circumstances, viz.: the close sympathy which exists between the diseased action and the remedial action being so powerful, while a very minute quantity of a certain drug would exert its power as a healing agent, in larger quantities it would do no little mischief by aggravation, &c. But, says one, it is very strange that all diseases that are cured should be relieved by the power of the medicine to produce a disease similar to that which it supercedes? It is also not less strange remarks another, that such small quantities of medicine should exert such a tremendous influence. It is something to me alike mysterious and incomprehensible. Says another, I am not at all disposed to believe in the virtue of small doses. And as for myself I am satisfied that as yet nothing has ever emanated from the homœopath himself, which is at all calculated to allay public curiosity on this head. The writer of this article does not himself believe that a satisfactory account has ever as yet been given concerning the operation of small doses. Nor does he believe that it is in the power of any man to give a satisfactory account of the action of small doses. The operation of small doses is a stubborn fact and must be accepted until some other theory less complicated than the dynamic theory shall come forward to alleviate the mysticism which still gathers around it. I think it is very foolish in any one in attempting to explain the operation of these small doses, as we invariably involve ourselves by so doing in a labyrinth from which we have no little difficulty in extricating ourselves. These huge attempts at theorizing in the humble opinion of the author, have been a very serious obstacle in the way of the progress of the homœopathic system, viz., in attempting to explain those things which admit of no explanation.

Is it not enough to know that a tree exists, without foolishly wasting time that might be otherwise more profitably spent, by inventing high-wrought theories to explain the method of the tree's existence? It is quite certain to my mind that if we as a class would let theory alone and tie ourselves down to facts, stubborn facts, our system would advance in a ratio proportionate to such an undertaking. Of this I say I am confident and am desirous of deeply impressing this consideration upon the minds of all homœopaths.

Hahnemann the great and immortal author of the homœopathic system, with a mind adequate to the conception of the universe, and with powers of reason, analysis, and induction as yet unparalleled, proceeded to assert from observation and experience that those medicines which were capable of curing diseased conditions, were also adequate to the production of a similar state of things in the healthy organism. Hence from the observations of this great medical philosopher flowed forth the immutable law of *similia similibus curantur*. If it then be a fact (as experience has in multiplied instances proved) that such a law does exist, is it not enough for us to know that such a principle does pervade the science of medicine without our attempting vainly and ignorantly to explain the method of its existence? Is it to be expected that we can with a gorgeous array of theories explain the existence of the law any more than we can explain the existence of the universe in which we live and breathe and act? This same observation applies with equal force to the doctrine of small doses. How it is that small doses act, how it is that a law of cure exists and seemingly pervades the entire science of medicine, is certainly beyond our powers of comprehension to determine. But that they do act, and are powerfully operative in curing disease, are facts too well attested to be denied at this late day.

Again, is the homœopathic system of medicine declining? Observation says not. In fact the matriculants of the Western and Pennsylvania Colleges of Homœopathic Medicine, prove directly the contrary. They prove in fact, that the system of Homœopathy is rapidly advancing; and every consecutive year demonstrates the unparalleled success of these institutions, as their published catalogues will show.

But while the above institutions show that the system of homœopathy is increasing, it takes no account of the immense increase that is taking place in the number of homœopathic physicians, by physicians of the old school coming over to the new school without even having officially enrolled their names in the ranks of the graduates of homœopathic medicine. Independently, however, of those who become homœopaths by not attending the lectures at the homœopathic schools. The schools themselves demonstrate an almost miraculous progress.

It is to be presumed, then, that a system which for thirty years

past has steadily advanced in the face of the most tremendous opposition that has ever been projected against a single system, will not continue to advance? Advance, I say, until it shall dethrone the hydra-headed system of allopathy and upon its ruins build up a system worthy of admiration: I can see no earthly reason why it shall not continue to progress. In fact its success alone as a system of medicine, and especially as compared with allopathy, will always give it importance and recognition so long as any system of medicine whatever is practised among civilized man.

Again, is not the homœopathic system, as compared with allopathy a beneficent system of medicine? Homœopathy as compared with allopathy is a beneficent system of medicine, and has moreover every thing to commend it to the due consideration of the public. If you will compare the results of the practice of the two systems of medicine during the prevalence of the most malignant forms of epidemic cholera, small-pox, or that bane of southern cities, the yellow fever, it will be seen that the homœopathic system of medicine is not only equally successful as regards the old system, but that it is infinitely more successful. We do not care to insert in this article any statistics to prove the above assertion, but we hope that it will be taken for granted as true, as no one who is familiar with the success of either system will for one moment contend that homœopathy is less successful than the other system. If any one doubts the truth of our assertion we will produce the statistics. This, then, I should think is a very significant fact, and one which should contribute no little to popularizing the system of homœopathy. Another fact which should have a very important bearing in commending homœopathy to the consideration of public attention, is this, viz.: that while it treats all forms and varieties of acute and chronic diseases with greater success than the old system, as well as those malignant diseases which so often defy treatment and spread desolation wherever their footprints are to be seen, never bleeds, never blisters, never purges, and in fact discards many of those barbarous and cruel methods which are adopted by the old system in the treatment of disease. Is this alone not sufficient to recommend the system of homœopathy to the most serious attention of all men, especially when it is to be considered that it is more successful independent of those barbarous methods of relieving disease just alluded to?

I would ask in all sincerity, who would not rather have his stomach relieved of a dyspeptic taint, by the administration of a few sugar pellets, than to be blistered, purged, and calomelized? It is strange, nay, very strange, that mankind generally should permit their preconceived opinions and groundless prejudices, in so many instances, to deter them from the adoption of those pure and healthful precepts which in the hour of dark adversity would so often administer solace and comfort! The merits of the homœopathic system seem to pass before the idle gaze of mankind without in the least attracting their vague attention, yet this is not without a parallel. In all ages of the world the same thing has prevailed. Galileo, when he proclaimed his great law that the earth was not the centre of the solar system, but was a comparatively insignificant planet revolving round the sun, was hooted at, and finally subjected to the tortures of the inquisition for the proclamation of such heretical views. And the merits of his once repudiated but now adopted theory, passed before the idle gaze of mankind in a manner not at all dissimilar to those of the merits of the system now under consideration.

Thus it was with Harvey and thus it was with Jenner.

But again, if homœopathy be a humbug—even if there be no effect proceeding from its medicine, does it not prove itself to be a system, the claims of which should be more strongly entertained than those of allopathy? Why most certainly! Homœopathy, then, or if you please, no system at all, is more certain of success, than a system which does every thing but the right thing. And one which, in my humble opinion, has done more than all else beside, to disseminate the seeds of disease among mankind. In the humble opinion of the writer of this essay, allopathy, during its career, has destroyed more human lives than the most deadly pestilence that ever raged, which in its conquering march spared neither age nor sex, nor condition, but depopulated whole continents and encircled the brow of a sorrowing nation with the badge of mourning. Therefore those of the allopathic profession who denounce the homœopathic system should consider that they are doing every thing in their power to demolish their own system. They say, for instance, that homœopathy is a veritable humbug, yet statistics show that disease is more tractable under the homœopathic treatment than under allopathic treatment. They therefore should, in view of this consideration, cease to decry homœopathy, as there is abundant

evidence to show from all quarters that the new system is the most effective system of the two in the treatment of disease. The allopath whenever he says that homœopathy is a humbug, deals the coup de grace to himself. Let the allopath therefore cease his prating about humbuggery and come forward like a man and meet his opponents with reason and good sense. Perhaps this course may avail him something. The course to which we have alluded, and one which is almost universally pursued by the old school, can do no good, but on the contrary, is productive of much mischief. And withal, it is a course which the high-minded and honourable man should scorn. Notwithstanding statistics show that in the treatment of all acute and chronic diseases homœopathy is the most successful system, yet in despite of these stubborn facts the allopath gives way to his unbridled prejudices and still continues to pursue a phantom—nay, worse than a phantom. For in pursuing a phantom he could do no mischief, but in pursuing the practice of allopathy he is doing much toward extending the empire of disease.

The expectant or nihilistic system of medicine which of late has been practised pretty extensively throughout considerable portions of Germany and France and perhaps to some extent in the United States is, I think, in itself, sufficient to call the attention of the allopath to the fact that he is doing no good toward curing disease, but an immense amount of harm. The allopath should blush with the crimson hue of shame when he contemplates the success which has attended the expectant system as compared with his own system.

Let me be understood that while I am denouncing the allopathic system of medicine as a system which upon the whole is fraught with the most disastrous consequences to the human race generally, yet I am by no means disposed to make an absolute assertion and go on to say that allopathy contains no good at all. This I shall not say. But this I will say, that its merits at best are only negative in their characters, and as compared with the positive good to be found in the homœopathic system becomes as it were a very great evil. In the mere mechanical part of allopathy, for instance, in the department of surgery and obstetrics, there is probably to be found more skill than in the ranks of homœopathy. This may be attributed in part to the greater number of physicians to be found in the ranks of the old school. Therefore when I denounce allopathy the

greatest portion of this denunciation is meant to be directed to the therapia of the allopathic school.

Again, do not the writers against homœopathy and those who would proudly attempt to “unmask” it, display a great deal of ignorance concerning the system of homœopathy? An immense amount of importance has been attached to the decision of the French Academy who were appointed to investigate the claims of homœopathy and make out a report of the results of their investigation. As a matter of course it might be expected that the above academy would place it under *ban*. M. Andral, the magnificent Nestor of French Medicine, was called upon to officiate, and after having made a few nugatory experiments and displayed his utter ignorance of the homœopathic system, then proceeded to make out a report, in which he declared “that there was no merit whatever in the homœopathic system of medicine as promulgated by Hahnemann.” In the first experiment, to see whether or not, as affirmed by Samuel Hahnemann, that quinine had the power of producing intermittent fever, he took only six globules of the homœopathic preparation of the above drug, containing probably, not more than the millionth part of a grain of medicine, and administered it to a perfectly healthy person, and it did not produce the intermittent fever as had been affirmed by Samuel Hahnemann! From this single experiment, for he considered it altogether unnecessary to make any more, he drew up his very erudite report, in which he displayed much *gravity* and *dignity* of character, and gave homœopathy, as he doubtless presumed, a “death-blow” by the weight of his very ponderous name attached to the bottom of that very ignorant or very dishonest report.

Now, let it be observed once for all, that no homœopathist, with three grains of sense in his head, ever contended, for a single moment, that six globules of the sulphate of quinine would produce intermittent fever!—Nor do they for one moment contend that five thousand will. But on the contrary they do contend that six globules of cinchona or china will relieve the above disease, viz.: intermittent fever, when the remedy is indicated by the general group of corresponding symptoms. And they furthermore say, that large doses of the sulphate of quinine repeated and continued for a sufficient length of time, will produce a species of nervous derangement, which assimilates in its general features the intermittent fever, which

it so often cures. But they do not contend that quinine will produce intermittent fever, but simply a disease which resembles it. They contend that arsenic will do the same thing. It will be perceived then that M. Andral was wholly ignorant of what he was doing, or at least a very dishonest man. For surely he did not proceed to investigate homœopathy in the proper manner and as directed in all homœopathic works. It is quite obvious then that from false data M. Andral drew false conclusions, and that he promulgated the same to the world. And that those who received his statements with such avidity received that which was false—basely false. A stain from which the brilliant escutcheon of the French Academy should be free. A stain, moreover, from which the private character of such a learned man as M. Andral should also be free.

DEFENCE OF HAHNEMANN.

A Review of the Doctrines of his Opponents in a Series of Letters to James Kitchen, M.D., by W. Geib, M.D.

LETTER III.

At page 61 of Dr. Hempel's remarkable book, we encounter an example of the delusion and fatal influence of unguarded prejudice in the investigation of science, or the construction of new theories. To conclude that our author accepts what is here quoted, as really the directions of our venerated master, in the accomplishment of a diagnosis, is saying very little in my opinion for his own sagacity or penetration.

Why, sir, Hahnemann is here presented to the world as a fool! I fear the imputation will be apt to recoil with interest, by quoting the words of our friend, but so gross a perversion of Hahnemann's text, cannot be permitted to exercise its mischievous influence unnoticed.

"Hahnemann gives full instructions, says our author, concerning the best mode of proceeding in this first step towards a cure. * * * It would seem, he continues, from the endless interrogatory, that Hahnemann looks upon the patient as a criminal who is anxious to conceal the crime of which he is accused, and who is cross-questioned

by the examining magistrate in every possible manner that cunning and ingenuity can devise, for the purpose of laying bare the guilt of the accused. I should think that any patient who is able to go through such a searching interrogatory as Hahnemann wishes to inflict on him, must have more nerve and composure than are generally possessed by a sick man. To give the reader an idea of the strictness and minuteness with which the examination of the patient is to be conducted, I will transcribe a single paragraph from among the whole number that Hahnemann has devoted to this subject."

After quoting a long list of interrogatories, directed by Hahnemann, not one of which could be answered either by a child, or a mute, he proceeds. "Does it not seem as though many of these questions might be dispensed with without injury to the patient? And if we consider that this long list of questions is scarcely the fourth part of the whole interrogatory, does it not seem as though this prolix mode of questioning were tantamount to putting the patient on the rack? I confess that with all due deference to Hahnemann's experience, I cannot bend myself to his judgment in this mode of tracing out, as he terms it, an image of the disease, and I consider every physician who deems it necessary to institute such a diffuse examination of his patient's case, deficient either in a sufficient amount of natural talent or acquired information to be a competent homœopathic practitioner."

I would venture to assert, that the presence of so many symptoms in any *one* patient as are here contemplated, would not leave him long enough in this world to answer half of them. Our author has been extremely unfortunate in his haste to exhibit his watchful scrutiny to his readers at the expense of our industrious benevolent teacher; who has, in this very case, given such strong evidence, not only of his good sense, extensive knowledge, and accurate observation, but of the most praiseworthy solicitude for the welfare of his fellow creatures, as well as for the success of his wonderful system of therapeutics.

I hope, sir, that every one of my readers not familiar with the text will refer to Hahnemann's organon, and review this subject beginning at Section 83; the last words of which are, "I will content myself in the present instance with merely explaining the *general principles* of the course that is to be pursued, *leaving it to*

the physician to select those which are applicable to each particular case."

I now proceed to notice that part of the doctor's book comprised between pages 112 and 139; purporting to be a critical review of the fundamental principle of our system, by which a remedy is selected for a morbid affection, *Similia similibus curantur*; and I think the opinion may be ventured, that no friend of Dr. Hempel or of Homœopathy can read this wild, careless, unedifying and libelous tirade, without much regret that it was ever written, and more especially offered to the world as the legitimate literature of our science. It is a counterpart of his essay on diagnosis just referred to, and equally as foreign to the laws which have given and still impart to our remedies the high therapeutic fame they possess.

The whole theory of our therapeutic law would appear to be covered by five questions:

Will medicinal substances remove morbid affections of the organism and restore the functions to a normal state?

Are medicines *specific* in their therapeutic action?

Which of the three modes of medicinal action in the organism, the allopathic, antipathic, or homœopathic, is specifically curative?

By what means is this specific therapeutic power of medicines to be discovered? and finally,

What are the indications for the use of medicines?

The singular declaration is to be seen at the foot of page 113, that our cherished maxim is a "dogmatic abstraction;" and the reason assigned is, that "every person who may possibly be sick once in his life time cannot be expected to poison himself with every drug that is used in medical practice, in order to find out what disease it might possibly cure in his own case."

The doctor seems either to have received a wrong impression from Hahnemann's teachings, or to have determined to bend and twist them to support his own conceptions; which really appear to be seriously tinctured with the fallacies of the old school. It is difficult to perceive what our author is aiming at, unless it may be to break down our cherished system of therapeutics, which is doing such extensive service, and to become the father of a new law. To

teach his disciples to prescribe for their patients, on indications which they can neither see nor understand, in place of those which are palpable to the plainest common sense; and this unwise achievement is to be accomplished by casting ridicule at Hahnemann!

I will first quote from Hahnemann, and then show how carelessly, to say the least, our author has read him, if we are not constrained to say how little he has studied that true and greatest philosopher in medicine:—

“When a cure is to be performed, the physician must avail himself of all the particulars he can learn, both respecting the probable *origin* of the acute malady, and the most significant points in the history of the chronic disease, to aid him in the discovery of their *fundamental cause*; which is commonly due to some chronic miasm. In all researches of this nature, he must take into consideration the apparent state of the physical constitution of the patient, (particularly when the affection is chronic) the disposition, occupation, mode of life, habits, social relations, age, sexual functions, &c., &c.” (Organon, S. 5.)

“It is taken for granted that every intelligent physician will commence by removing the *causa occasionalis*, when the indisposition usually yields of itself; * * * evacuate berries of belladonna by *vomiting*, * * * grind down a stone in the bladder, &c.”—(Note, S. 7, Organon.) Would it not be desirable, sir, to add to these auxiliaries, a little *castor oil*, to grind down indurated fæces, which are sometimes as hard as stone, in the rectum?

“In searching after a homœopathic specific remedy, * * * we ought to be particularly and *almost exclusively* attentive to the symptoms that are *striking, singular, extraordinary and characteristic*; for it is to these that similar symptoms from among those created by the medicine ought to correspond, in order to constitute it the remedy most suitable to the cure. On the other hand, the more vague and general symptoms, such as loss of appetite, headache, weakness, disturbed sleep, uncomfortableness, &c., MERIT LITTLE ATTENTION, because almost all diseases and medicines produce something as general.” (Organon, S. 153.)

How very foreign all this is to the misrepresentations of Dr. Hempel; who says, page 123, that “homœopathic physicians who are true to their master’s teachings, subject their patients to an examination of *several hours*!

We find our author at page 121, directing his therapeutic battery at a *locality*; which I think presents us with an additional novelty in his principles, to the long list already furnished. A few lines further, we have the expression, "*a rational perception of the internal unity of the sensual symptoms.*" I presume this refers to the Doctor's "starting point;" or is it the "spirit" of his own dear child, the science of specific homœopathy? But I should probably beg pardon for intimating that this child may have already resigned its mundane existence.

On page 122, he admits, that Hahnemann's method "*of individualizing the phenomena of disease is decidedly a progress.*" He accuses the old school in the same breath of prescribing "*a set of medicines for mere names of diseases,*" and gives Hahnemann the credit of breaking the charm of this dogmatism!

The old school prescribe a *course* of treatment for each disease, agreeably to their theory of its particular nature; and certainly their resources are very limited, and more especially, too, since their friend and colleague, Dr. Forbes, editor of the British Medical Review, physician to the Queen, &c., called them all a set of murderers, and cut off, *sans cêremony*, some twenty of their heroic therapeutic agents. But the leading virtuosi of the autocratic old school, will not thank our author for accusing them of such innocent child's play, as marking down a medicine against each disease. Indeed, the world might rejoice were this the case; provided the adaptation was adjusted on a correct principle; for, regarding their catalogue of diseases as so many *leading characteristic phenomena* of vital disturbance, the adoption of *similia similibus* would render their system, in my estimation, a pretty rational homœopathy. Your own opinion, I think, sir, does not leave me alone in placing a high estimation on the pathology and general learning of our medical colleges, and the day will be a glorious one for humanity, when they revise and reform their defective and fallacious therapeutics, and give remedies that are in *specific rapport* with disease.

Reforms designed to be permanent seem to be marked as such by the principle of progression; and this operates to prevent revolution or dangerous revulsion. It must be to this that we have to attribute the singular backwardness of the reigning school of medicine, in following the example of some of their brightest stars, in the adoption of the homœopathic principle of therapeutic action.

It would seem reasonable to conclude, that the wisdom of such a man as Dr. Henderson, who still fills the chair of medicine, I think, in the university of Edinburg although he has become one of the warmest friends of our school, should arouse every incumbent of a medical college of the orthodox profession, to a full and satisfactory examination of what promises to supply the great and time-worn *desideratum* of their school of medicine, *the specific action of drugs* in curing disease.

But to return to Dr. Hempel. Does this gentleman really wish his readers to accept as truthful, the singular and exaggerated pictures he has drawn of homœopathic practice, in this part of his work? "What physician," he says, "who is sent for in the middle of the night to arrest a hæmorrhage of the lungs or uterus, will stand idly by, and, while the life-pulse of his patient is ebbing feebler and feebler, amuse himself with taking a record of all the principal and accessory symptoms of the case?" (Hempel, *Organon*, p. 123.)

As our author presents himself to the public as a reformer, in the first lines of this part of his work, the presumption is, that he regards the preceding picture as representing the prevailing homœopathic practice, and calling on him for exposure and correction. But, sir, is it to be supposed that in the whole army of homœopathic practitioners, of sane mind, a single fool of such enormous dimensions is to be found? Is our revered Hahnemann to be held responsible for such doctrines? Not a word that can be tortured into such extravagance, can be found in the whole of his works.

I trust our friend is not emulating the speeches of some of our worthies on the national forum, and is writing for Buncombe? We might easily imagine the effect of the impression on the public mind, that all the homœopathic practitioners are *non compos* except the author of "Specific Homœopathy."

The horrors of a Hahnemannian diagnosis have even wakened up his sympathies for the brutes. Hear him; "are our valuable domestic animals to be abandoned to their fate when sickness overtakes them? This will inevitably result from the Hahnemannian formula, 'like cures like,' unless the Creator should consent for the special benefit of Homœopathists, to endow the brutes with rationality and such other means of communication as may be required for a satisfactory statement of their pains and derangements."

As brutes *are* cured with homœopathic medicines, and without an interrogatory of three hours, (for they are bad patients at answering questions, and especially those stubborn animals that seem to delight in opposition,) it would appear to follow, that the prominent characteristic objective symptoms, must supply pretty much the whole diagnosis.

Our author names Rau as one of the worthy independent opponents of the master's dictum. His opposition, according to the following opinion, does not seem however to refer to a phenomenal diagnosis.

"The physician," says Rau, "who engages in a search after the *hidden springs of the internal economy* will hourly be deceived; but the homœopathist, who with due attention seizes upon the faithful image of the entire group of symptoms, possesses himself of a guide *that may be depended on*; and when he has succeeded in destroying the whole of them, he may be certain that he has likewise annihilated the internal and hidden cause of disease." (Rau, loc. cit.)

I am apprised of Rau's opposition to Hahnemann's doctrine of Psora, which would seem to conflict with the foregoing quotation. But very far from opposing Similia Similibus Curantur, or Hahnemann's phenomenal diagnosis and pathogenetic system of therapeutics, Rau merely complains that our master by his Psoric doctrine should have incurred the imputation of having yielded the ground in part which he had so heroically assumed against the old school pathology, by his philosophy of chronic disease, as dependant on a latent miasmatic principle. But I see nothing in Rau's sensible work on Homœopathy, *Nouvel Organe de la Médecine Spécifique*, to warrant the mention of his name as an opponent of Hahnemann, on the strange and ultra platform occupied by Dr. Hempel.

Our author (p. 129,) accuses Hahnemann of referring to drugs, the power of producing alternate (consecutive I presume is meant) effects; "one series of effects to day and another series of opposite effects to morrow." This certainly refers to a very interesting fact in the philosophy of Homœopathy, and shall occupy a part of my next letter. But, as you know, sir, in common with all well read practitioners of specific therapeutics, this apparent discrepancy, presented by our author in so ridiculous a manner, is the *reaction*, to which it is attributed by Hahnemann, that is well known to result from the revulsive action of medicine in massive doses.

GLONAIN IN COUP DE SOLIEL.

BY JOHN FOX, M. D.

THE great degree of prostration of all the vital forces, as resulting from excessive heat usually called "Coup de Sólíel" or sun-stroke, and of which hundreds have died, in almost every section of the country, during this unusually hot season, I deemed it would not be wholly unexceptable to the profession, were I to report a few cases successively treated with *Glonoin*, which I have no hesitation in pronouncing as a *real specific*.

I regret, however, that it has been my misfortune, (or rather perhaps the misfortune of the subjects attacked) to have had but two cases fall into my hands this season; they being mostly of the poorer class, and immediately conveyed to the Hospital where, so far as I could learn, all have proved fatal, as well as those in the hands of Allopathic physicians in private practice.

Case 1st. Morris Burns, Shoemaker, (was attacked on his way home from church, at mid-day, when the thermometer stood 103 in the shade.)

July 23rd, 1 P. M. Was called to see him, and it then being one hour from the time he was first taken. Found him with pale and cool surface, low and feeble pulse, stretched upon a bed in a dark corner of an ill-ventilated room, considerably comatose, eyes dim, cloudy, without any expression, slight muscular tremors, respiration somewhat labored. Upon inquiry found he had been slightly delirious. In questioning him as to how he felt, he replied with great effort, "I am dying," and pointed to the pit of the stomach as being the seat of distress.

Fortunately, up to my arrival nothing had been "done for him." The almost universal, and, in my mind, a most pernicious practice of cold ice-water applications had not been resorted to. I immediately placed five pellets of *Glonoin*, 2d, upon his tongue, used no frictions, or any external applications whatever, but calmly waited to see the result of *Glonoin*. In *five minutes* from the time he took the medicine, his countenance brightened, looked up, and exclaimed, "I am well," "Doctor you have cured me," "Why I can get up," and suiting the action to the word, he rose up in bed, and remaining a few seconds complained of pain in his head. I bid him lie down again.

Upon examining his pulse I found it natural, skin warm and moist, and in *ten minutes* more, he got up and walked about the room. He told me that upon my giving him "them little bits of sugar" he immediately felt a "peculiar sensation clean down to his toes;" while at the same time that death-like feeling in the pit of his stomach was as instantly removed. He required no further medicine and has been perfectly well ever since, while I am not a little gratified at the result of my first experiment with *Glonoin* in Coup de Soliel.

Case 2d. Michael Malony, Laborer in Saw-mill, August 2d, 12, M. Fell exhausted, while at work in the hot sun, was conveyed to his house, where I was called to see him, at 1 P. M. Found him in a deep comatose state, deprived of consciousness, sensation and motions; countenance marked with a total absence of expression. Pulse full, slow and intermittent. Respiration slow and somewhat labored. Pupils dilated with eyes turned up. His jaws were so firmly clenched that, with all my force applied, I could not open them sufficiently to get the globules within his mouth. Limbs perfectly relaxed and motionless, with occasional muscular tremors. Very much to my regret, I found him literally drenched in cold water from head to foot.

Upon the whole I regarded him as a desperate case. The removal of all clothing, and dry ones put under him was immediately attended to, and in connection with Glonoin, as in case 1st, every five minutes, I kept up a brisk friction over the chest and stomach with my *right hand*, at the same time the *left hand* firmly placed upon the forehead. Alternating the use of my *right hand* from friction to gentle but firm pressure upon the *pit of the stomach*, and thus by a powerful effort of the will, rendering myself a *galvanic battery*, my *right* and *left* upper extremities being the positive and negative poles.

This process, in connection with the Glonoin every five minutes placed within his lips (his jaws being still clenched,) I continued uninterruptedly for thirty minutes, when partial consciousness returned. His countenance somewhat brightened, moved his lips as if to speak, but could articulate no sound, made several most agonizing moans. In five minutes more I fancied he was calling for his wife, whom I then requested to come to the bedside. He appeared to recognize her, and while bending over him, he, with some effort folded his arms around her. Upon my then telling him he was

getting well, he shook his head negatively, and pointed to his stomach, as being the seat of distress.

Feeling confident, however, that he would then soon revive by continuing the treatment as above described, I persevered with renewed energy, and to the great joy of all present, in twenty minutes his entire consciousness, speech, and motion, had all returned. He being moist I drew a comfort over him, and ceased all operations and medicines. In five minutes more, he broke out in a profuse perspiration, and expressed himself as feeling entirely well. Ordering him to remain quiet for one hour, when he should get up and dress, I left him. Thus in the space of one hour, from the time I first saw him, I discharged him cured, and in the evening of the same day I found him walking in the street.

Case 3d, Mr. Kelly, contractor, called to see me August 3d. Complained desperately of pain in his head, with vertigo, and pain in the stomach, coated tongue, no appetite, and a feeling of great prostration. He informed me that on the 31st of July he had a slight attack of sun-stroke, and had been suffering ever since, in every respect very much as he did when he was first attacked. Was treated Allopathically, which only resulted in modifying his suffering slightly (surely it was a *slight attack* which accounts for his still being on "*tera-firma*"). Considering him as still labouring under the effects of "*Coup de Soliel*." I gave him a few powders of *Glonoin*. The next morning he informed me he "felt like a new man." Pain in the head and stomach gone. Appetite good, and felt much stronger. He required no further treatment.

Since writing the above, and while upon a professional round in our neighbour city of Newport, I was attracted to a house, round which was a large collection of people. Upon inquiring the cause, I learned that a man had been conveyed therein under an attack of sun-stroke. Flattering myself with the prospects of another case to report, I hastened my way through the crowd, and found the unfortunate sufferer stretched upon a bed, in a small ill-ventilated room, with over thirty persons closely packed around him, among whom was one they dignified by the title of "Doctor." "O tempores! O mores!" O times! O manners! Suffice it to say that cold water and ice was freely applied, and as you might expect the result was fatal.

RHUS TOX. IN RHEUMATIC LAMENESS.

BY DR. BOLLE, OF PADERBORN.*

OUR excellent Dr. F. Hartmann, of Leipsic, says in his special Therapia, "he wishes to remind the physicians again of the rhus tox. as a great autiparaliticum, as since the introduction of new remedies of a similar character, it is gradually more neglected." I was satisfactorily confirmed during my brief homœopathic practice of six years, of this and of other maxims of his; indeed, I can say, that in various forms of lameness of the lower extremities, and also such which assumed sometimes complete loss of motion, I have with *no* other remedy effected such beautiful and speedy results as with *rhhus*. *Hartmann* has also laid down very satisfactorily the indications for *rhhus* in those diseases. Nevertheless, I will advance in the following, the indications of *rhhus* for several species of lameness of the extremities and the back, and will give them more *accurately* yet, than *Hartmann* did. Those indications proposed by me are not the result of a mere *theoretical* study of the *Materia Medica*, but they are *practically confirmed* by remarkable, speedy, and permanent radical cures, and may be considered almost *without exception* as certain.

The *practical* proof of the indications which we find in the "S. S.," is and will ever be the principal *maxim* for the physician, whose duty it is to heal the sick. I cannot advance any *new* indications, as our *Materia Medica* contains them all without exception, but the *Materia Medica* is somewhat in a chaos, where of course are contained the elements and individual parts of infinitely numerous known and *unknown* diseases. Those elements and parts, however, are not yet organically constructed and organized into actual existing images (indications); the *Materia Medica* contains the indications *in abstracts*, and it is the duty of the physician to form out of these abstract indications *concrete* indications, viz.: *such* which are the most adapted in *actual*, existing, and in the common practice, occurring diseases. The more exact the indications are given, the more positive will follow the cure, in compliance to the "S. S." But there is yet a great difference whether I say: "that

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remedy must cure that disease, in compliance with the principal 'S. S.'—or, I say, "that remedy which in compliance with the principal 'S. S.' must remove that disease, has the same already *frequently* and almost *without exception actually* removed." The "*must cure*" is merely a theory, but the "*having cured*" is practice. And if we find in the *Materia Medica* the indications for certain diseases, they are then only of a real *practical* value to us, when we have the evidence that they actually have removed diseases. The given indications are the more important to us, if we meet frequently with diseases *for which* they are given. To those diseases with which we frequently come in contact, we may also enumerate the various species of lameness, of the extremities and the back, for which *rhhus* is so admirably adapted.

As I have abstracted the exactness of the indications in the *Materia Medica*, out of a number of successful cures, it will be judicious in me, to mention first, the relative cases of diseases, my own *practical* indications will be recognized at once.

1. William Huch of Kleinenberg, aged 17 years, while a child had the itch; was carried to me, Oct. 2, 1848, and gave with the aid of his father the following statement:

I went two and a-half years ago in the forest to help to load a tree, by which I perspired freely. As the tree was loading, I was tired, and sat myself in order to rest upon the hindmost part of the tree. On the road home we were overtaken by a snow storm, with rain and violent wind; I remained on the tree. On my arrival at home I alighted—being stiff—from the tree, and discovered that the right leg, especially in the hip, was lame, and by motion it caused me pain. All possible means came into requisition, but the evil, instead of getting better, was aggravated, and I am *lame* with the leg *to this day*. The status praernes was as following:

A *drawing pain*, with *crepitation in the hip-joint*; pains increased by *leaving a chair* after long sitting on it; by *sitting down* in the *cold*: by *exerting* the leg during walking; in the *autumn*, and by *change of weather*. Pains are mitigated, when near the *warm stove*, in the *sun*, and by *continued gentle motion*.

The leg is so *lame* that he is obliged to take hold of the pantaloons in the region of the knee, in order to *lift it up and move it on*, when he wishes to walk, or rather *to limp*. While limping, the thigh was always *bent* in the knee-joint, and every attempt to

extend it caused pain, and complete extension was *not possible*. The limb *being stiff* in the hip-joint, and every motion as painful as it was imperfect; the other functions being normal. I gave him one dose of *rhus tox.* 12, with a proper number of sach. lact. powders, and directed a powder to be taken every other night, as they are numbered, and after they were taken to inform me of it. He had seven powders, and I expected him in two weeks. Oct. 9th, eight days later, a young peasant entered the room where I was sitting with my wife, and saluted me without my knowing him. "How do you know me?" I asked him. "You have me under treatment, and to-day I had to come here as I am out of medicine," replied he. I asked him into my office, inquired his name, and searched in my journal. After a brief search, I said to him:—"The name Huck is here recorded, but you are not the man; the one whose name I have here, is lame with one leg." "Yes," rejoined he, "and yet I am the one; the medicine had good effect,—*I came to-day from Kleinenberg on foot!*" Kleinenberg was five post-miles distance from my former residence. He took a powder every night instead of every other night, having misunderstood my directions, and consequently his early return. This, however, had no essential alteration in the case, the powder No. 1 containing the medicine. The reader may imagine my surprise and rejoicing at such information, being at the time not quite one year a homœopathic physician, and not accustomed to the surprising results which allopathy could not attain. I was indeed overpowered with amazement and joy. Having recovered from my confusion, I said to him, "You have improved remarkably fast." "Yes," replied he, "after having taken the first powder in the evening, I could already *perceive improvement on the following morning*; all at once a different sensation was noticable in my leg; it felt as if the leg was more animated, and the pain was considerably mitigated. The improvement continued hourly, *and on the second day I could raise the leg without being obliged to take the hand for support*, and so it continued gradually to be better, and the walking to-day was not at all troublesome to me!"

Gentlemen, what do you say to this case? (Geschichte.) Does it not appear wonderful? Perhaps as wonderful as my case of cancer of the stomach, (Magenkrebsgeschichte) and I doubt not, that one or the other criticiser will apply to this case the ominous

epithetic “wonder-cure” respectively, “humbug,” and place the author *satynice* by the side of Dr. v. Bönninghausen on the list of the “great prophets.”

Nevertheless, I shall not be influenced by such treatment, and will continue to relate my rhus cases and successful cures, and for this reason :

1. I can certify that this case is *no* “humbug,” by our efficient colleague, Dr. Sybel, at Archersleben, who has seen the patient lame, Oct. 2, and well, Oct. 9 ; as I requested him to go with me and see the well patient, he objected, by saying : “it is not necessary for me to go, I believe it without seeing him,” but I persuaded him to convince himself personally of the facts. He satisfied himself of the truth, and to-day he will testify to my statement.

2. * * * * *

3. We derive undoubtedly *more* knowledge from *successful* cases than from *half*, and *unsuccessful* cures ; from the latter we learn, how we should not apply ourselves, while the former embrace the material to positive indications and cures. I deem it the duty of every colleague who desires the promotion of our beloved homœopathy, to relate diligently and with all possible exactness *such* cases, by which the *first* or *only* administered remedy has affected a *remarkably speedy* cure. The amendment or entire cure occurring immediately after the administration of a remedy is the best, the only evidence that it was effected not *merely after* the remedy was taken, but that it was produced *by* the remedy. Any disease characterized by a certain complex of symptoms, which was *speedily* and *repeatedly* treated successfully and by *only one* certain remedy, will always be a guide for us, when we meet with diseases of the same character, and it is not necessary to enter into long examinations of other similar acting remedies, though generally it requires deep scrutinizing in selecting the best adapted remedy at the first moment (Griff). That is consequently to the *practical* physician of very material advantage.

Now, then, we will not only be audacious in relating the “wonder-cures,” but an *accurate* description of the symptoms, potency of the remedy, time of amendment, and *true* cases of diseases must be given. After this deviation from the subject, I will again return to it.

The boy though, who was one week ago completely lame in the right leg, was able to walk in one day five miles ; but as he still limped somewhat, I gave him eight numbered powders ; No. 8 contained rhus 12, to be taken every other night. Every trace of the malady disappeared after this.

During five years, the boy had no trouble with the leg ; some three months ago, he came to me again, with the request to make out a certificate that he was lame for two and a-half years, in order to lay it before the militia recruiting commission. I supplied him with a certificate, but it was of no advantage to him ; he was enlisted as a soldier, and at present is stationed as musketeer at Wesel.

I will relate a few other cures, which I however cannot testify by *colleagues*, but the recovered patients are evidence sufficient and can speak of themselves.

2. Henry Discher, of Helmen, aged 10 years, had the itch while a child. About Christmas, 1851, the boy carried a bundle of straw, weighing some thirty pounds, on his back, down stairs. As he arrived on the last step but one, he made a misstep, and fell down. As he erected himself again he experienced the most violent pain in the foot joint, which was increased by the slightest attempt to step with the foot. Various allopathic means came in requisition, but five months after the accident the evil was almost as bad as immediately after it, the only amendment perceptible was, that he was free of pain when he kept his foot quiet. But as soon as he made the least attempt to walk, he experienced the most violent and intolerable pain of a tightening character, which extended from the foot-joint up to the knee. The pains were the *most violent* by the *first* attempt to walk, *after having rested* for some time. If he, however, regardless of the pain and with the assistance of a crutched-cane, *continued* to walk for some time, and also prevented by the first beginning, that the weight of the body did not rest on the affected limb, the walking was gradually less painful. The bones were round, other functions normal.

I gave the boy on the 19th of May seven numbered powders, the first three contained *Rhus* 2, and directed them to be taken, a dose every night as numbered. On the 26th May the father of the boy informed me that already a *marked improvement* had set in, and that a fine *pustulous eruption*, made its appearance on the lips, on which they had formed small scabs. I considered this *eczema labiale* as the

primary effects of *rhus* and prescribed powders of Sach. Lac. the 4th of June. The improvement was but slow, and I directed *rhus* 2 in pellets again, for seven nights in succession, and gave until the 30th June, Sacch. Lac. During this time the *eczema lab.* made its reappearance and the improvement had continued so favorable that the boy was able to carry on his arm, his sister eighteen months old for ten or fifteen minutes, he merely provided himself with a cane for support in case of need, but did not make any material use of it. I repeated *rhus* 2 in seven doses, and had the pleasure to learn from the ecstatic father that the boy was entirely restored to health again. Over six weeks elapsed, before the complete removal of this evil and in *as much* we cannot speak of a *surprising speedy* cure. But considering that on the third or fourth day, after the first dose of medicine, the improvement already commenced and by the repetition of the same remedy continued to improve, it must be admitted that the beginning of the *prompt* and *speedy* improvement, was induced by the remedy, and also effected the successful recovery, and consequently it is a scientific cure.

3. The father of the previous patient complains to me at the first visit, 19th May, that four weeks ago he was taken suddenly while *running fast* with a very sensitive pain in the foot joint. The pain is not to be felt while at rest, but as soon as he attempts to *walk fast* the pain occurs and he is obliged to stand still. The patient was given *rhus* 2, in powders, and one dose once in eight days. On 26th May he informed me, that the pain disappeared entirely on the next day, and since that did not reappear, even by fast and exerting walking.

4. John Osterlan a Mason by trade, 31 years of age, slender, strong muscles, hair and complexion dark; free of psora.

Two years ago he slept during a snow in a garret on the hay, the gable of the building was not very close; the next morning he was very cold, his clothes damp and felt rather indisposed. He had chills, stitches in the side accompanied with cough, and coughing aggravates the pain. The pain however (according to the patient's statement) located in the hips, *from there down to the lower part of the thigh*, though merely on the *external* side of the limb. The leg was *lame* and *stiff*. The pain was much aggravated by *change of weather*, *cold* and *exercise* and were so violent that he was obliged sometimes to keep his bed for several days. In spite of all allo-

pathic exertions the case remained so for twenty-three weeks; until gradually improvement set in, still he felt occasionally that all was not right with the leg, and yet he was not perceptibly sick during the six years.

About three weeks past he was shingling a roof, where he was exposed for some time to a *strong cold wind with showers of rain* which beat constantly on the affected side. The next day, the former evil, as above related, reappeared with increased intensity. He came to me riding on an Ass, having endured the most violent pain on the road; he was *stiff* in the *hip*, every motion of the limb was painful, more so by *arising* from a *chair*, by *sitting down*, by *bending* the limb, by *turning around*; *gradually continued* motion of *short duration* ameliorated the pain, somewhat. There was also a sensation of *numbness* in the thigh.

Oct. 5, 1851. I gave him *rhus* 2 in pellets (five or ten pro avis) in six numbered powders of which the three last numbered contained, Sacch. Lac. to be taken every night *dry*.

Oct. 11, he came *on foot* and informed me that he already perceived marked improvement on the 6th October, which continued so favorable that he was able to walk as far as two post miles. I gave him for seven days Sacch. Lac. powders and learned since, that he is entirely well.

5. The leather manufacturer C. of this place, tall, slender, strong muscles, hair and complexion dark, aged from 46-49, not psoric, had suffered for several years of rheumatism in the left arm. About four weeks ago, while out hunting during a heavy *rain shower* with *cold wind*, which beat on the left side, he *got wet* to the skin, and as he had to go first to another village, where no clothes could be obtained for him, he could not very soon change his wet clothes for a dry suit. On his way home, but more so on the next morning, he felt a drawing, laming pain in the left arm, extending from the shoulder to the elbow. On the second or third day the pain in the arm disappeared entirely, but reappeared with such great violence in the back, that *each motion of the neck* caused intolerable pain. Even the slightest attempt to turn or bend the back or head, or to *move* the hip-joint, or the arm in the shoulder-joint, or to *stretch* the limb and *change* position, was followed by the most violent sufferings, which continued from two to ten minutes, before ceasing. The patient, however, was not *without* pain, even when he was perfectly quiet. The position in which he felt

the most comfortable was when he was laying in an arm chair, with a long and cushioned back to it, with his hip and knee-joint bent, his back straight, and his arms elevated with a flexed elbow. In that position he had to be carried to and from the chair, whenever he wanted to go to bed or to satisfy his wants. The medical treatment of allopathy was exhausted during fourteen days, but did not induce any change.

The patient received, Nov. 3, seven numbered powders, No. 1 and No. 2 contained *rhys* 2, to be taken night and morning. I visited the patient again on Nov. 5. He stood by the window, and walked with strong steps and unaffected attitude towards me; he could with some precaution turn and bend around, and could move his arms freely, etc., and on the whole he was free from his evil. *The improvement was perceptible already the next morning after the first dose of medicine, Nov. 4, consequently but nine to ten hours after having taken it.* I advised him, however, to be very cautious in his movements, especially that he should not turn around suddenly and not lift heavy weights. The case was of such a rheumatic character, which, by disturbed muscular action, would readily cause relapse of the evil. But as he was improving by the administration of *sacch. lac.* daily, and free of pain entirely for several days, he descended into a tanner's vat on Nov. 10, and drew from it a heavy cowhide on the edge of the vat. While he was in the act of drawing the hide, the old desperate pain returned again, just as on Nov. 3, and he was not able to come out of the vat without assistance. The same prescription was given as on Nov. 3, and on Nov. 11, the same successful results as on Nov. 4, were effected.

6. On the 8th of August, in the following year, I was called to the wife of the previous patient, a brunette, slender figure, mother of many children, and about 40 years of age, not psoric. For six months she had a stiff wrist-joint, which was swollen and painful. The pain was aggravated: *after rest*, (also in the morning after the night's rest) when first *beginning* to move the joint, after *washing in cold water*, by *cold* generally, by *change of weather*, in a *feather bed*, in the *evening*, and by *exertion*. I directed *rhys* 2, in pellets, dry, to be taken every morning before breakfast, and advised her to omit medicine as soon as any amelioration or improvement is apparent. On the third or fourth day improvement set in, and on

my visit to her, eight days later, the hand was already entirely well.

These six cases may be sufficient. I intended to give two more, but the one has so much similarity with the No. 5, and the other with the No. 4, and the results in both were not less alike, that I would repeat what I said before if I should relate them. That not on every page of my journal such successful and speedy cures are recorded, I need not endeavor to certify. These cases I have with labor selected out of a large number of others, of which some were not all, and others but half successfully treated, and such again, of which I could not say, whether the cure was established by the remedy, or it was the result of nature's healing-power, as the cure did not advance speedily, or by which several remedies administered.

By reviewing now the result, we come to the conclusion that *rhhus* in accordance with the principle of *Similia Similibus* selected, has proved to be evidently an effectual curative agent in rheumatic lameness.

1. Nearly only by *men of strong muscles*.

2. By all men with *such* diseases, which were caused:

a. By getting wet and then taking cold when the body is in a state of perspiration and excitement; but also without physical exertion and without perspiration,—or,

b. By excessive exertion performed with an uncomfortable position of the limbs, as lifting, misstepping, and arm revolutions.

3. It is conclusive that the diseases originating from the named causes, are characterized: by a *tightening lameness and stiffness, by tearing, drawing, bruise and sprain-like pain in the shoulders, wrist-joint, back and vastus, and in the hips, and not unfrequently from there down in the thighs to the foot, with occasional sensation of numbness.*

4. It is evident that the pains were *aggravated*: in the *evening, by exertion, when beginning to move the affected part, after rest, (as by arising from a chair and from the bed) in the cold, by immersing the parts in cold water, (as by washing) in the wind, in the bed, (feather-bed) by change of weather, in sitting, by stretching the affected limbs, by bending over, turning about in bed.*

5. The pains were *less*: by the *dry heat, (as by the hot stove) by gentle and continued motion of the affected part, and flexion of the limbs.*

These were the circumstances, causes and symptoms by which *rhus* affected such glorious and *speedy* cures. These circumstances, causes and symptoms form also the indications laid down by us for the application of *rhus* in rheumatic lameness of the back and the extremities ; and they are not merely contained in the *Materia Medica*, but have also been approved by practice. The cases related by me belong to those which we frequently meet among the laboring classes, and we find them generally so as I have described, with but slight alterations.

APOCYNUM ANDROSÆMIFOLIUM.

Bitter Root, Wandering Milk Weed, Dog's Bane of the Highlands.

BY J. H. HENRY, M. D., CHARLESTON, S. C.

I am acquainted with but two species. The second species is the *Apocynum Cannabinum* ; it is found on lowlands ; its character and operation is the same. From rich soil, the latter is more luxuriant than the former ; from growing in the sun the former species has a reddish bark, while the latter has a deep green.

Description.—Root perennial, large and bitter ; stem smooth, three to five feet high, lactescent with a tough fibrous bark, the leaves are opposite, petiolated ovate, entire, perfectly smooth above and very slightly pilose beneath, flowers in cymose racemous, longer than the leaves, nodding, few flowered, with minute bractes on the peduncles, the calyx is small five cleft. The corolla is flesh coloured, campanulate, and divided into five spreading acute segments. The stamens are five, with short filaments and long sagittated connivent anthers ; there are five glandular appendages alternating with the stamens.

The ovaries are two, ovate and supporting two sessile stigmas. The fruit is in the form of a pair of slender, acute, drooping follicles, containing numerous oblong, umbricated seeds attached to a central torus, and furnished with a long downy pappus. It grows in all parts of the United States ; it is found in grain fields, and grows very luxuriantly among shrubs and vines by the sides of fences where the ground is most neglected ; it flowers in June and July ;

the root is most used in medicine. From the fresh root I prepared the strong tincture.

Medical Use.—This plant has not been used much by medical men; it is confined to the common people, and used greatly by the blacks of the south. We are told it acts as an emetic, and diaphoretic; in large doses it promptly induces emesis, causing scarcely any previous nausea. It is a mild diuretic, most active sudorific and cathartic; it seems to resemble the action of Bryonia; it has been used in all forms of bilious diseases by the country people of this state, in the marsh fevers of the rice plantation, yellow fever, lues veneria, syphilis, gonorrhœa, colds and inflammations of the bowels and lungs, and constipation from chronic liver complaint, dyspepsia; it seems to exert a specific action over the abdominal viscera; given to increase the secretion of milk; diarrhœa, dysentery, rheumatism.

I have given this medicine in large doses to procure some medicinal action, beginning with fifty drops, and increasing to eighteen hundred. It produced the following symptoms on myself and two ladies. Let me say, as for myself, I use nothing in the shape of tea or coffee, nothing stronger than water, no vinegar or spices; have not used tea or coffee in ten years, no spices or anything that is acid in eight months, not liable to any disease but the piles.

The following are the symptoms produced on the three. We first took fifty drops, fasting in the morning, symptoms felt by two of us, cramps in the bottoms of the feet; the third had violent heat in the bottom of the feet with profuse sweating all over. May 15th, each took 100 drops of the strong; all felt the cramps, and burning in the bottom of the feet, most in my right foot with great pain in the joint of the left big toe, heat in the right leg and knee. One of the ladies with myself complained of great fulness and pain in the head, cannot describe it, next morning bowels of all costive. 16th, 150 drops, same symptoms felt by all as on the 15th, tingling pains in my toes, sharp pains in the middle, trembling of the body of two provers, most delightful taste in the mouth of each, everything smells like honey to me, all complain of pains in different parts of the body, much pain in my knee and right shoulder. The ladies complain of pain in all the teeth of the lower jaw left side. 17th, took 200 drops, I am the only one that felt the cramps in the bottom of the feet, all the other symptoms felt as on the 16th,

pains and stiffness in the back of the head and neck, dull, heavy pain when breathing, seems to go from above downwards. 250 on 18th, Bilious, painful diarrhoea, felt by myself and one of the ladies. 19th, 300, heaviness of the body with a great desire to sleep, flying pains all over the system, pain in the head and back of the neck, swollen sensation of the face and body, violent itching of the body and face. 20th, Each took 350 drops, all the above symptoms felt, profuse flow of clear urine, pulsating pain in the back of the head and between the right hand and elbow, constipation of two, diarrhoea of the third, with much pain and rumbling, only two evacuations, but large, giving, much relief. 21st, Each took 400 drops, much pain all over the head, stiffness of the neck, pain on turning to the left side, itching and burning of the face, much lassitude, frequent passing of clear urine. 22d, 450 drops, all symptoms felt, great sneezing, twitching of the face, *most violent pain in all the joints*, great itching and irritation in the left nostril. 23rd, 500 drops, violent pain in the left zygoma, chilliness, lassitude, heat of the head and neck, cannot sleep at night, violent dreams, sleep not refreshing, pain in the left groin of a shooting character. 25th, 550, Profuse menses, lasting eight days with violent pressing pain, symptoms as before. 25th, 600 drops, some flying pains in the stomach, fulness and pain in the right side, feeling as if something would pass the bowels, slight nausea, increase of all the other symptoms, with great pain in all the left side of the head, pain above each wrist joint. 26th, 650 drops, some efforts to vomit, without pain, increases in the back of the neck extending in front, pains worse above the wrist, four bilious evacuation, two in one prover and constipation in the other, it seems every alternative day there is constipation and diarrhoea. 27th, 1800 drops, all sick, vomiting, purging, great prostration, trembling of the body great.

It is proper for me to say all the provers seem to be well when beginning the remedy; all sick and prostrated when sleeping. One of the ladies was troubled with whites before taking the medicine, she is now well and has not had the least return, all have improved in flesh up to this time.

I think this is the proper way to prove remedies, give them in large doses, then we can be sure of the symptoms. All the symptoms spoken of here are prominent symptoms.

INTERMITTENT FEVER.

[We extract the following able article on Intermittent Fever from the British Journal of Homœopathy, it being a Monograph from the Homœopathic Clinical Studies, by Drs. Wurmb and Caspar.—Eds.]

INTERMITTENT fever is of very frequent occurrence in our quarter of the city. There are various circumstances, as we have already mentioned in speaking of typhus, which occasion so great a prevalence of this disease.

In the course of the year, 110 cases were admitted into the hospital—of these 51 were men, and 59 women. This surprising difference between the two sexes is dependent upon local circumstances; the women being brought from all parts of the city, whilst the men usually come either from Leopoldstadt, or from the adjoining suburbs.

The following table gives the respective ages of those admitted

from	3	to	10 years of age,	5	came under treatment.		
"	10	"	20	"	"	20	"
"	20	"	30	"	"	33	"
"	30	"	50	"	"	28	"
"	50		and above			4	"

Most of our patients had thus entered upon the prime of life.

There were 47 admissions in the months of February, March, and April, and 33 in August and September; the remaining 40 cases were divided among the other seven months, January and December having each one case.

The frequent prevalence of intermittent fever in the months of February, March, and April, is dependent upon the inundations of the suburb, which begin at this period, as well as upon the cold damp weather peculiar to the season.

The type was the same as it usually is with us. The intermittent fever of this part differs from that of more northern countries, by its affecting more severely the vegetative sphere, thus important organic changes arise, inducing cachexia, so that symptoms are often presented which usually belong to fever of a lower and malignant character. Nevertheless, we have rarely met with the latter, excepting in a very few cases, in which the paroxysm was excessively

violent, the enlargement of the spleen very considerable, or in which there was great disorder of the vegetative system; in these instances, the fever was contracted in the marshes of Hungary or Venetia.

The intermittents which appeared in summer and the early autumnal months, were distinguished from those of spring by their gastric and bilious complications. To this cause may be attributed the fact that the intermittents of the spring were not so frequently accompanied with such extensive enlargement of the spleen and consequent cachexia.

The cholera which prevailed in Vienna during July, August, and September, also visited our hospital, and attacked those suffering from intermittents and typhus. Out of 32 cases of intermittent fever, 10 were seized with cholera in its severest form, and 10 died. With the exception of a solitary case in which two paroxysms had missed previous to the accession of cholera, the paroxysms recurred until the appearance of the new disease. The attacks were entirely wanting in 6 cases; in 4 others they recurred at the usual period; in 3 of these there were slight shiverings; in one case there was a still greater increase of action, for there was not only a feeling of warmth but the temperature was actually so much elevated, that it was followed by moderate perspiration. We remarked similar paroxysms during the first two days after the invasion of cholera, but not during its subsequent course, nor even after the disappearance of the disease. We must, however, except two cases in which there was slight recurrence of the paroxysm towards the end of convalescence. In one instance, the attack occurred on the ninth day of convalescence, and subsequently only on two occasions, although no remedy was employed; in another the paroxysm returned on the nineteenth day.

In every instance, the enlargement of the spleen decreased on the appearance of cholera. In some instances it disappeared entirely, in others it recurred after the vomiting and purging had ceased.

However remarkable the influence of cholera on intermittents appeared to be, the reverse never occurred; at least we never observed cholera to be in the slightest degree modified by the presence of intermittent fever. The circumstance that a cholera patient died at the very period in which a paroxysm usually recurred, is too isolated an instance to lead to any satisfactory conclusion. It should

not be a subject of surprise that the occurrence of two such diseases should occasion a protracted convalescence, for the organism, already enfeebled by the intermittent, must be very much more affected by the accession of a new and so violent a malady as the cholera, and therefore a long period for recovery would be rendered necessary.

The following complications of intermittent fever with acute and chronic maladies seem to us to be of some interest.

A patient suffering from intermittent fever took the small-pox; both diseases ran through their course without one being in the least affected by the other.

A man who had been seized with intermittent fever while in the Banat, and which had already lasted a year, was freed from the disease on the breaking out of eczema, which extended over both fore-arms. After some time the eruption disappeared, and the patient was cured of both diseases. He took *Nux vom.*, and had only three attacks after. It is difficult to determine whether the disease was cured by the remedy, or by the supervention of the new malady. *Herpes labialis* is frequently a prominent symptom in intermittent fever. In one of our patients it spread itself with surprising rapidity over the whole of the face and the right side of the neck, so much so that we were compelled to regard it as an independent disease, especially as the intermittent was but slightly developed.

A boy who had suffered from several attacks of impetigo, had, a few days after the sudden disappearance or drying up of the pustular eruption, a severe attack of a quotidian, which was cured after eight days treatment. This case, although an isolated one, strengthens the presumption that intermittent fever and impetigo exclude each other, or that the latter may be cured by an intermittent.

A young woman, suffering from prurigo, was attacked by an intermittent fever, six weeks after she was admitted into our hospital. She stated that she had suffered from an eruption which, from her description, could be nothing else than prurigo. It had disappeared on the accession of the fever. On examination we found the skin still somewhat infiltrated, but there was no further trace of the eruption itself. Scarcely, however, was the intermittent cured, than she was seized with an insupportable itching of the skin as formerly,

and pimples similar to those of prurigo again made their appearance: the skin disease was thus only suppressed, not cured.

A man suffering from a pleuritic effusion was seized with a severe intermittent fever. Both diseases ran their course without one being influenced by the other; the effusion was re-absorbed in four weeks; the intermittent disappeared after the sixth attack.

We have often remarked that acute catarrh will likewise co-exist with an intermittent fever.

We have the following observations to make in reference to the types;—

Simple	quotidian,	we had	45	cases under treatment.
“	tertian,	“	34	“ “
“	quartan,	“	3	“ “
Double	quotidian,	“	1	“ “
“	tertian,	“	1	“ “
Complicated	tertian,	“	1	“ “

Of irregular fever (*Febr. erratica*) we had 4 cases.

There were 15 cases of fever of changeable type.

Exclusive of 4 cases of cachexia without fever, which must necessarily be omitted when speaking of types, we had properly only 106 cases of intermittent fever. As 10 of these were attacked with cholera at the moment of the development of the fever, when the treatment was necessarily changed, there remain only 96 actually under the treatment. Of these, 11 left the hospital uncured, as under:—

1	after the	2nd	paroxysm.
2	“	3rd	“
1	“	4th	“
1	“	5th	“
1	“	8th	“
1	“	10th	“
1	“	12th	“
1	“	13th	“
2	“	16th	“

As 6 or 8 paroxysms are likely to occur under any kind of treatment it is evident that most of these patients left the hospital for very different reasons than the duration of the fever.

This was actually the case, for not a few confessed that they had not applied to us on account of the fever, but for other complaints,

which, as soon as they were removed, they thought it was no longer necessary to remain in, because the fever would cease at home, or they were able, during the intervals, to attend to their affairs. With respect to the 5 who waited so patiently for from 10 to 16 paroxysms before they requested their discharge, I have only to remark that in two of these attacks had so much decreased in violence that the disease would soon subside of itself; that the general health of all, with the exception of one extremely cachetic subject, was very much improved, I might say, was very good. In two a rapid cure was impossible, for one had suffered for several months, and the other had been previously treated with large doses of quinine.

These negative results do not prove anything else but that the above mentioned cases could not be cured within a certain time, not that they were incurable. On the contrary, analogy would lead us to presume, when other more difficult and more protracted cases are brought into consideration, that if more time had been allowed on the patients' part, they would likewise have been cured. Let it be assumed that we could not cure the patient, however long he might be under our care, would indeed be a reproach to us, but it could not be extended to homœopathy.

If we abstract from the total of our cases of intermittent fever, viz., from the number 110, the 4 cachetic, the 10 which were seized with cholera, and the 11 which were discharged, we shall then have 85 remaining. Of these, 3 were discharged cured, who soon came to us again with a return of the fever. After they had remained some time in the hospital, they were discharged cured, without any further relapse. Three others who, according to their own account, had fever before they came to us, had no paroxysm after their admission. Was the latter repressed by the remedy, or had an intermittent existed or not? On this point we cannot give any certain information. We have admitted these cases into the rubric "Intermittent Fever," because the latter was indicated by several signs; for example, splenic enlargement, and because we had no reason to mistrust the report of the patient. In order to be quite sure, we subsequently waited until a paroxysm had taken place before we prescribed a remedy. We must now make mention of two cases which we cured by giving large doses of quinine. What! allopathic treatment in a public homœopathic hospital! we fancy we hear not a few homœopathists indignantly exclaim. What! you

have been obliged to take refuge in allopathic remedies! will the followers of the old, I might say worn-out school, derisively exclaim. Softly, gentlemen! It is a very different thing to what you imagine. When the cholera broke out and entered our walls, seizing first upon the patients suffering from intermittents, we no longer dared to attempt and quietly wait for the cure of the fever, but we were obliged to suppress the next paroxysm, and thus effect the quick discharge of our patients from the hospital. The suppression of the fever was in these cases an *indicatio vitæ*; hence the employment of quinine in large doses was indispensable.

In abstracting the 3 cases of relapse, and the 3 in which there were no paroxysms observed, with the 2 treated with large doses of quinine, the number of cases will then be diminished to 77. In these 77 cases, which have been separated from the others with the greatest care, a perfect cure of the fever was effected, and that too with a remedy chosen by the law of *similia*, and of the 30th decimal dilution. This number is relatively so great that not even the most redoubtable sceptic, unless he writes to make himself ridiculous, or guilty of the greatest conceit, will venture to pronounce the word "chance," or be ready to contradict the fact, that intermittent fever can be cured homœopathically.

[TO BE CONTINUED.]

EDITORIAL.

CAPACITY OF THE CRANIUM IN DIFFERENT RACES OF MEN.

The late Dr. Samuel George Morton, author of the great work on *Crania Americana*, gave the results of the internal measurement of 623 human crania. His process of measurement, was to fill each cranium with leaden shot, and determine its absolute capacity or the bulk of the brain in cubic inches. Among the facts elicited are the following:—

1. The Teutonic or German race, embracing the Anglo-Saxons, Anglo-Irish, Anglo-Americans, &c., possess the largest brains of any people.
2. The nations having the smallest heads are the ancient Peruvians and the Australians.
3. The barbarous tribes of America possess a much larger brain than the demi-civilized Peruvians and Mexicans.
4. The ancient Egyptians whose civilization antedates that of all other

people, have the least sized brain of any Caucasian nation, except the Hindoos, for the very few Semitic heads will hardly permit them to be admitted into the comparison.

5. The Negro brain is nine cubic inches less than the Teutonic, and a cubic inch larger than the ancient Egyptians.

6. The largest brain in the series is that of a Dutch Gentleman, and gives 114 cubic inches. The smallest that of an old Peruvian of 58 cubic inches, and the difference between these two extremes is no less than 56 cubic inches.

7. The brain of the Australian and Hottentot, falls far below that of the Negro, and measures precisely the same as the ancient Peruvian.

8. This extended series of measurements fully confirms the fact stated in the "*Crania Americana*," that various modes of distorting the cranium occasion no diminution of its internal capacity and consequently do not affect the size of the brain.

REVACCINATION.

The utility of revaccination, has been very fully discussed both in this country and in Europe, and the practice is now very generally commended. A distinguished physician of Boston, Dr. Fisher, (since deceased) bestowed during his professional life, great attention to the subject, and came to the following conclusions:

1. That one single vaccination, even if perfect, does not for all time, in all cases, deprive the system of its susceptibility of variolous disease.

2. That one or more revaccinations *do*; and that consequently physicians should recommend revaccination when questioned as to its necessity.

3. A portion of vaccinated persons are protected from small pox through life by one vaccination.

4. An indefinite number are protected only for a certain period of time.

5. The length of time they are thus protected is undetermined.

6. Some persons require to be vaccinated a number of times during life.

7. The system is protected from variolous contagion when it is no longer susceptible of vaccine influence, as tested by revaccination.

8. The cow-pox virus does not seem to be more efficacious than the human vaccine virus in its prophylactic virtues, and the influence of the vaccine virus does not seem to be diminished by the number of its removes from the cow, or passages through the human system.

9. The appearance of vaccine cicatrices, furnish no indication that the system may, or may not be again influenced by repeated vaccinations.

10. A plurality of vesicles have no more effect in rendering the system less obnoxious to the influence of revaccination than a single vesicle has.

11. The lapse of time from the period of primary vaccination to that of

revaccination, has some, though but little effect in preparing the system to be further influenced by the vaccine virus.

12. The age of puberty tends in a great degree to destroy the effect of primary vaccination.

13. The virtues contained in vesicles resulting from revaccination, have the same anti-vaccine and anti-variolus power as that which is the product of vesicles produced by the primary vaccinations.

The truth or falsity of the above statements, can only be made to appear from protracted observation. As to the cow-pox virus, being no better than that obtained from vesicles many times removed by being passed through human subjects, there is every reason to question. It seems reasonable to suppose, that the virus may degenerate in quality as it becomes more and more removed from the genuine cow-pox virus. This consideration renders it more safe to recur to the original virus every year or two, for the sake of certainty of being in possession of that kind of virus, that possesses the genuine prophylactic property.

When the small pox prevails epidemically, it is proper to encourage general revaccination; for those who are susceptible would very likely save themselves from being victims of the epidemic, while those who do not prove susceptible to the vaccination, may feel a satisfaction in knowing that their systems are not in danger of imbibing the variolous miasm.

Under other circumstances, even if persons are not exposed to the influence of epidemic small pox, revaccination may be recommended every four or five years, as a judicious measure to steel the constitution against the disease, for exposures may take place unawares, when the system is susceptible to its influence.

PROPHYLACTICS.

When any disease of a contagious or epidemic character is prevalent, inquiries for preventives are often addressed to the physician by his patrons. And in order that he may not be embarrassed by such inquiries, it is necessary that his mind should be well stored with the best kind of information to aid him in giving advice, as for instance: What is the best preventive of cholera? This inquiry has undoubtedly been made a hundred of times to almost every practitioner of note during the present season in most of our large cities. Those that inquire for preventives are often smitten with fear, which of itself often serves as a predisposing cause. It is, therefore, proper that every physician should be ready to allay all fears upon the subject, by directing reliable prophylactic measures. This he can do by directing his patrons to use, according to Dr. Joslin, *Cuprum metallicum* and *Veratrum album* in alternation, once or twice a week, under such restrictions of diet and regime as are laid down by the same author in his val-

uable work on cholera. It may be necessary, also, to counsel a repose upon Providence, and the pursuit of the usual vocations, without being disturbed by fear, or forebodings for the future.

Similar regulations as to diet and regimen may be directed as preventives in yellow fever and other epidemic diseases. It is generally believed that *Belladonna* is a preventive of scarlatina, because Hahnemann so speaks of it in his writings. Others have confirmed the views of this distinguished author upon the subject; but when any medicine is prescribed as a prophylactic, great care should be observed to give explicit directions with regard to clothing, exposure, diet, regimen, &c., or the simple administration of the prophylactic medicine will prove of little service.

Timely attention bestowed to the subject of preventing the communication of disease, or of imbibing the effects of malaria from the atmosphere, is undoubtedly of the first importance; and the physician can never place himself in an attitude to render more acceptable service to his fellow men, than when he is fully prepared to give explicit directions for the prevention of disease.

Prophylactics are mentioned only for cholera, scarlatina, and small pox, but they are by no means limited to those maladies. The spread of very many of the epidemic diseases, can be prevented unquestionably by judicious preventive measures, accompanied by prophylactic remedies. Persons attendant upon friends suffering from typhoid and typhus fevers, may without doubt be saved from contracting these diseases by timely advice as to preventive measures and prophylactic remedies; and it is the peculiar province of the physician, to so direct his attention, that he may appear in true military style "*Semper paratus*," for his warfare is just.

COUP DE SOLIEL.

The article from Dr. Fox, of Coventry, on the use of Glonoin in *coup de soliel*, we think is worthy of attention, for these cases so frequently happen during such intensely warm weather, as we have had to encounter during the present season, that any method of affording speedy relief, is certainly of great importance. When a physician is suddenly called upon to take charge of a case of the kind, there is not unfrequently an embarrassment attending his efforts, which may become very materially lessened by having in his mind some known and reliable medicines in which he may repose confidence for the speedy relief of his patient.

INTERMITTENT FEVERS.

Already we have been called upon to treat quite a number of cases of this disease that have occurred during the last four or five weeks, and the result of Homœopathic treatment has been in the highest degree satisfactory. The longer we live and the more we see of the effects of Homœopathic

remedies in intermittents, the more are we convinced that the interests of patients require the strictest adherence to Homœopathic practice. In the first paroxysm we witness, it is necessary to be minute and exact in noting the symptoms, that we may affiliate a remedy truly Homœopathic to the case; when this is done, we feel assured the remedy may be administered with confidence of success. In one case we witnessed a paroxysm that indicated the use of *Nux vomica*, and we gave it in the sixth attenuation, during the paroxysm, and during the apyrexia—the next paroxysm was lighter—we continued the remedy, and each succeeding paroxysm became lighter, until the disease disappeared entirely; and the patient soon regained his accustomed health and strength.

We also noted, particularly, the symptoms in another case that indicated the use of *Arnica*—we pursued a similar course with a like result. And in yet another, in a feeble constitution which indicated the use of *China*; and by a perseverance with the remedy so plainly indicated, the disease gradually disappeared; in a number of other instances, we have pursued the same course, as we found other remedies indicated by the symptoms characterizing the paroxysm, and we have found uniformly good results.

We have for sometime doubted the propriety of frequently changing remedies in the treatment of this disease. The influence of a single remedy, critically corresponding in its pathogenesis to the symptoms manifest during a paroxysm, we are persuaded is the better course.

Through the impatience of the patient, and a desire on the part of the physician to overcome the disease quickly, there has been too much proneness to resort to *Quinine*, even by professed Homœopathic physicians; and we are aware that this drug may suspend, for a time, the appearance of the paroxysms without any mitigation of the disease, it existing all the time in a smothered condition in the system, with a positive certainty of its return as soon as the drug action ceases. This we look upon as a pernicious practice, because the disease, by it, becomes fastened upon the patient in a worse form. In cases where *Quinine* has been administered again and again without any lasting good effect, the patient becomes worn down by the effects of the drug more than he would have been had the disease been left to run out of its own accord. To antidote the prostrating effects of this drug, is often equivalent to effecting a cure of the patient. *Arnica montana* has been given with decidedly good effects in such cases, and we are inclined to the opinion that this remedy will generally be found effective in removing from the system the ill effects of overdoses of Quinine.

To preserve the recuperative energies of nature, must always be regarded essential, and this can only be done by rigidly adhering to pure homœopathic treatment; and it is better that the patient should have a succession of paroxysms than to smother them without curing the disease. A return

of the disease is rare if cured with appropriate Homœopathic remedies, and this alone is a sufficient argument for persevering with them, even if the disease seems somewhat protracted.

We hope some of our able readers will communicate something upon this subject, for there is no disease which we are called upon to treat, concerning which, we have heard so much complaint of unsatisfactory results from homœopathic treatment.

In cholera, dysentery, yellow fever, erysipelas, scarlatina, and the most malignant diseases in general, Homœopathy has borne off the palm, and we doubt not her sphere of action is to be signalized as much in the treatment of intermittent; and we hope those who love the truth and who have the most extensive opportunities for practical observation will enlighten us upon the subject.

THE CHOLERA.

This disease, which has prevailed to some considerable extent throughout the country, is now disappearing. It appears to have been on the whole, less malignant in its character than formerly; this may be owing to the fact that the disease is better understood, and more easily managed. *Cuprum metallicum*, *Veratrum*, and other remedies, long in vogue with the homœopathic school, have been found so efficacious in the hands of the allopathic fraternity, as a recent discovery; we cannot help feeling satisfied of the powerful inroads which Homœopathy is making into the interests of Allopathy. We are glad, of course, to see our opponents seize upon any measure of utility, even if it had its origin in our school. Science is for all, and we rejoice to see the benefits, which it confers, extending in all directions. We only ask for liberality and a strict adherence to the laws of nature in the treatment of disease; and when our opponents tread upon this ground we are ready to extend our fellowship, without charging them with the theft of our thunder.

IS HOMŒOPATHY STILL DECLINING?

From the ravings of some of the allopathic journals and the extravagant assertions they make, it might appear as if Homœopathy was fast losing favor in the community; but these stories have been repeated for half a century or more, with less and less truth continually. When a homœopathic hospital or dispensary suspends operations, the fact spreads throughout the whole domain of Allopathy as an evidence of the decline of Homœopathy; but there is a brighter side to the story, Homœopathy is gaining favor continually with the middling and higher classes of society, while with the lower and more ignorant classes, who do not think or reflect upon the subject, it makes far less progress. The consequence is, nearly every well educated Homœopathic physician finds an abundance of profitable employment among those who do not wish for the aid of charitable institutions; and

there is not the call for these institutions among the patrons of Homœopathy that there is among those of Allopathy; and this is the true reason why such institutions appear to be so poorly patronized. Notwithstanding the progress of the Homœopathic practice is so marked and constant, we witness on the part of our opponents a constant disposition to suppress the truth concerning the whole matter. How often have they hurled the calumny that Homœopathy is supported by men of indifferent attainments. They have wished and strove to stamp the homœopathic physicians with ignorance and deficiency of professional attainments, but in this they have dug their own grave, and they will sooner or later occupy it. The fact is the progress of the Homœopathic school in matters of real science is fast outstripping the allopathic school with all her paraphernalia of warfare. We have as competent anatomists, chemists, obstetricians, and surgeons, as can be found in the world, and though young and progressing, our surgeons will not compare unfavorably with the surgeons of the allopathic school. We do not wish to indulge in idle boasting, we only ask for our rights to be acknowledged in our true relation to society, and this we have a right to expect, and this we shall assuredly realize, in spite of all the calumny that can be invented, or hurled against us. There is no better evidence of the self-conscious weakness of our opponents than their persistent attempts to decry the success of the Homœopathic school, and in the face and eyes of the truth to deny its absolute attainments in matters of science. But we *ought not* to complain when the truth is spoken of us; so far as there is any just ground for charging our school with comparative incompetency, we cheerfully submit, but let those who bring the charge *sweep clean before their own doors*. There is only one way to be sheltered from harm, and that is, let Homœopathists keep on progressing—let them stick closely to the genuine sciences that belong to the profession, and shun all fruitless speculation; let there be no compromise of the great cardinal principles to be observed in practice, and let there be no abatement on the score of scientific attainments, and, in short, let us do ourselves no harm by neglecting any of these things, and we shall surely be out of harm's way. A familiar and thorough acquaintance with anatomy and physiology, on which to base the physiology of disease, and the principles of chemistry and toxicology, that medicines may be obtained in their purity, and duly adjusted in quantity, and of materia medica and botany, that accuracy and discrimination may exist in determining upon remedial agents, together with a thorough acquaintance with the principles of surgery and obstetrics, and infantile diseases, and finally, with the practical application of the *law of cure*, which the science of Homœopathy alone discloses, and a strict uncompromising adherence to the same, will forever constitute the main defence of our school.

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ORIGINAL COMMUNICATIONS.

CLINICAL MEMORANDA.

BY WM. H. HOLCOMBE, M. D., OF NATCHEZ, MISSISSIPPI.

I propose taking a cursory view of the principal diseases which have prevailed in Natchez since the disappearance of yellow fever last December. Disdaining all formality and ambition of style, I shall write as I would converse with a medical friend, and give such points of treatment as I may judge might be interesting or suggestive to my readers. It has been stated by medical writers that the diseases which immediately precede and follow a great pestilence are uncommonly malignant and severe. The very reverse occurred here in 1853, for the town and county were remarkably healthy before the onset of yellow fever, and the epidemic left a salubrious state of the public health, which might be compared to the purified condition of the atmosphere after a great thunder-storm. We saw little or nothing of the bronchitis, pleurisy, pneumonia, &c., of which the winter months usually furnish a good many cases. Indeed I have treated more pulmonary affections since the setting in of hot weather than I had done for several months previous.

This spring we had epidemics of two diseases particularly incident to childhood; one of measles, which disappeared in June, and another of whooping-cough, which pervaded town and country, and lingered until the middle of August. The former was mild, and presented no unusual symptoms. It yielded readily to the specific treatment, and I was strongly impressed with the value of Phos-

phorus in its latter stages. The whooping-cough was severe and obstinate, lasting eight or ten weeks, and sometimes complicated with bronchitis, dysentery or convulsions. This disease is sometimes very fatal on those plantations, where the little negroes are poorly nursed, and improperly fed by ignorant and neglectful mothers. My treatment deviates but little from the stereotyped standard, and I confess our management of this disease, although much superior in safety and success to the allopathic is still unsatisfactory. I made occasional intercurrent use of the *Corallia Rubra*, which has very seldom failed me in the temporary palliation of nervous night cough. In two or three instances I changed from *Cuprum* and *Drosera* in the second stage to the *Mephitis putorius* with apparent advantages, but the cases were not observed with that precision which the study of that remedy demands and deserves.

On a plantation, six miles below Natchez, upon the Louisiana side, cholera suddenly appeared in the month of June, amongst a large group of little negroes who had been laboring under whooping cough for periods varying from four to eight and nine weeks. Several deaths occurred before the overseer had the slightest suspicion of the presence of cholera, as he believed the existing disease had terminated fatally with colliquative diarrhœa. An adult case having occurred (fatal before I reached it,) I was called in, and found four little negro children unmistakably collapsed in Asiatic Cholera. It was pitiable and singular to see the little creatures cold, stretched and pulseless, seized with a paroxysm of coughing accompanied by the characteristic whoop and terminating as usual in vomiting, one disease being unchecked and even unmodified by the other. These complicated cases sank with great rapidity, the patients dying in from two to six hours. *Champhor*, *Veratrum*, *Cuprum*, *Arsenic.*, *Phosphoric acid*, *Secale*, *Carbo*, *Jatropha*, *Guaiaco*, &c., with or without brandy and external stimulation, were utterly powerless. The premonitory symptoms in a great many cases were promptly relieved by *Phosphoric acid* and *Veratrum*, but when the disease was fully developed, life and death had about equal chances for the patient. At one time an allopathic physician was called in, but as he lost his first two cases, both adults, the managers of the estate resumed the homœopathic treatment. Dr. Foster and Dr. White, homœopathists, were associated with me in these cases. The total loss on the place was five adults

and seventeen children. We were entirely unable to account for this isolated outbreak of cholera on a plantation generally healthy, on which the negroes are remarkably well fed and clothed, provided with good houses and restricted to the use of cistern water. When the quarters were broken up, the negroes scattered and removed to points distant a mile or two from the scene of its appearance, the disease was arrested, or at least ceased.

While Asiatic Cholera has prevailed extensively in the northern and western states, the south has been comparatively free, and Natchez entirely exempt from it. Diseases of the alimentary canal, however, have prevailed quite extensively. Dysentery has been almost epidemic, diarrhoea, cholera morbus, cholera infantum, and bilious colic quite frequent, and we have had also occasional cases of a mild gastro-enteritis. The dysentery was peculiar, and although I lost no case, some of them were obstinate and protracted, and I seldom obtained those prompt and beautiful results which usually follow the homœopathic treatment of that disease. In a country neighbourhood, fifteen or twenty miles from Natchez, the dysentery was very malignant, and characterized by copious intestinal hemorrhages and great nervous prostration. It was terribly fatal under allopathic practice, but as the type in and about Natchez was much milder, I had no opportunity of testing the virtues of the specific system in the worst forms of the disease. Our cases were remarkable for their inflammatory character from the beginning, and for the constant nausea and frequent vomiting. This irritability of the stomach was very vexatious. In several cases where Ipecac., Chamomilla, Nux, Veratrum, Arsenic., Tartar emetic, and other congeneric remedies failed to afford the slightest relief, an injection of ice water succeeded like a charm. In almost all cases when the pains were not notably aggravated thereby, I permitted the patients to chew little pieces of ice, and when there was much heat of the abdominal parietes, I ordered frequently renewed cold applications.

Very early in the season we discovered that, owing probably to the series of hidden causes which we vaguely term the epidemic constitution of the year, Mercurius and Colocynth. almost uniformly disappointed our expectations. They would seem to be clearly indicated, but neither low nor high dilutions produced the desired amelioration. I fell very soon into the empirical practice of giving

Aconite and Belladonna, two or three drops of pure tincture to a half tumbler of water, in alternation at half hour intervals, at the commencement of all cases whatsoever, I had no reason to regret the treatment, whatever the strict Hahnemannians might have to say about it. Two cases particularly made a strong impression on my mind, for they were arrested in twenty-four hours by this treatment—although the onset of the disease was exceedingly severe from eight to twelve copious bloody stools had occurred on the first day—and yet in neither of these cases was the vascular action notably augmented. Those cases were uniformly the most manageable and least protracted in which a decided impression had been easily produced by those great modifiers of the nervous system, Aconite and Belladonna.

In the subsequent stages of the disease—Ipecac., Nux, Podophyllum and Colchicum—particularly the two last, were more useful than I had found them in my previous experiences in dysentery. Two very obstinate cases were strikingly amended in brief time by Arnica and Petroleum. In a few chronic cases taken from old school practice, Arsenic. and Phosphorus were employed with prompt and brilliant results. If the patient after the first three or four days lingered in statu quo with great lassitude and prostration, and especially if there were marked remissions in the plain and febrile symptoms, Rhus and Bryonia alternately every hour were found more efficacious than any other remedies. The undoubted value of Aconite, Belladonna, Bryonia and Rhus, the four great antiphlogistics of homœopathy, suggested the idea that the constitution of the year was essentially febrile, and that the dysenteric symptoms were only partial and inadequate exponents of a latent derangement of the nervous system, which at the last analysis it was the basis, the *fons et origo* of all fevers.

The fevers of this year have been so far very manageable, presenting few deviations from the plain intermittent or remittent types. Reared farther north and accustomed to hear of the dreadful fevers of the south—I have been agreeably disappointed in the general mildness of the epidemic diseases of this region. Yellow fever, which I regard as uniformly an importation, is the severest form of fever which occurs here, and last year's experience shows how very readily it yields to homœopathic measures. The congestive type of intermittent is so rare in this locality, as to be a matter

rather of history than of observation. Typhus fever proper is almost entirely unknown, and typhoid fever is quite uncommon. There only remain the common intermittent and the bilious remittent, which are seldom very severe or fatal in the bluff or hill country—although the latter is more formidable and the former apt to become chronic in the level or swamp regions. Sometimes the miasmatic poison becomes so engrafted as it were on the system that nothing short of removal from the malarious locality will deliver the victim from its periodical disturbances. The recoveries from bilious remittent are generally prompt, and the convalescence complete. I speak of course only for homœopathic treatment, for I believe almost all of the liver complaints and unfortunate sequelæ of fever in hot countries belong rather to the abuse of drugs than to the natural history of diseases. Be it remembered, these remarks apply only to the fever in and about Natchez, to which locality my southern experience has been limited, a locality pre-eminent for its general salubrity throughout all this latitude.

It is melancholy to review the allopathic practice in bilious remittent fever—the lancets, cups, leeches, blisters, emetics, cathartics, diaphoretics, mercurials, antiperiodics, alteratives, tonics and the resulting severity of the cases, the tardy convalescence, the relapse, the chronic derangements, &c., &c. It is unquestionably true that the discomfort and mortality to the human race arising from fevers would be lessened if the entire medical fraternity (allopathic) were deprived of their occupations at a stroke. There are many plantations in the south on which homœopathy has been exclusively employed for years, and where death, from fever is almost unknown. The most credulous allopath can claim no more for his own system, and he ought to see from his own stand point that our dieting and “spiritualized water” are just as efficacious as his numerous and dangerous drugging. Whilst it is true that on homœopathic principles every case must be individualized as much as possible and that no special treatment can be stored up in the memory, cut and dried for any disease, yet there is a general family likeness in all cases of the same disease, which very soon establishes for certain remedies a predominant value in the great majority of cases. In the febrile paroxysm—Aconite and Belladonna for the first two or three days—Bryonia and Rhus subsequently. In the remission, Nux, Bryonia, Ipacac., Pulsatilla,

Eupatorium, Cimex, China or Arsenic., according to the specific nature of the case. In the fever, cold sponging or showering, ice to chew ad libitum; in the interval, complete change of linen; low diet all the way through—such is a brief, general formula, attention to the spirit of which will conduct forty-nine cases in fifty to a timely and happy termination.

It is surprising to me that our medical brethren have not contributed more evidence to books and journals of the curative value of Cimex in intermittent fevers. Dr. Davis and myself rely on it with great confidence in at least one half of our cases. More than one paroxysm rarely occurs; they are successively lighter and lighter. The planters and overseers who have used it put great faith in it. As I have never seen any pathogenesis of the drug but that miserable apology for one in Jahr's manual—I have no exact knowledge of its properties, and its use is always empirical. The Cauchilagua has rendered efficient service in a few cases but failed in as many more, I cured one obstinate case of long standing with Carbo Veg., on Hartman's suggestion. When I am compelled to resort to Quinine—a necessity resulting as often from the impatience of the sick as from the insufficiency of homœopathy—I order grain doses to be taken hourly for six or eight hours previous to the expected chill. The same measure is sometimes very beneficial in remittent fever, when the remission is so marked as to be almost an intermission. The fact that Quinine in large doses will almost always arrest intermittent fever, while in infinitesimal doses it very seldom will do it, favors the idea that it may be a chemical antidote to the paludal poison. However that may be, its *modus operandi* is an obscure point of therapeutics no less perplexing to the old than to the new school physician. I have met with one curious case of abdominal neuralgia (the patient a married lady,) without the least disturbance of function, occurring regularly at four o'clock every afternoon, and lasting three or four hours, which yielded immediately to Cina, when Nux, Chamomilla, Arsenic, Cimex and China have failed.

Our summer has been unusually hot, but as we are favored with delightful breezes from the Gulf of Mexico, the thermometer never rises as high as it does in some of the northern and western cities. I have had a good many cases of ephemeral fever, particularly in children, with determination to the brain, arising from solar exposure. This cause, conjoined with eating unripe fruit, proved fatal

in one case of great interest. The little girl lay comatose and convulsed for eight or ten hours—and recovered under Belladonna and Ignatia and then Opium and Hyosecyamus, so far as to be playful and hungry all of the next day, no bad symptom remaining but a very sharp and rapid pulse. Early next morning the coma returned; very soon after she began complaining bitterly of pain in the neck—and she died at eleven o'clock in convulsions. In a similar case occurring subsequently I used Ignatia low, and Belladonna high during the whole interval and the returning paroxysm was slight and transient. In the first case I believe the fatal result was promoted by the unremitting application of ice water to the head continued for forty-eight hours or more by the anxious parents. On the other hand, in a case which occurred nine miles in the country and which was dying when I first saw it, I am persuaded that permanent congestion of the brain was produced by keeping the infant immersed to its neck in very warm water for three consecutive hours. By the by, I wish some good physiologist of our school, whose opportunities for hydropathic observation have been ample, would furnish us with an elaborate essay on the use and abuse of hot and cold applications in acute diseases. It is quite a desideratum in our literature.

I have met with no marked case of coup de soleil—which has been quite common this year in the great cities—but I am persuaded on theoretical grounds that much of its fatality is due to the allopathic method of depletion. My attention has been called to it in a painful manner by the case of a very dear friend living in one of the large western towns. He is a young man of exceedingly delicate constitution and nervous temperament, quite analmic from previous diseases and laboring also under a serious affection of the heart supposed to be organic. He had been engaged laboriously all day in the hot sun and came home at dusk very much prostrated. He stretched himself on the sofa—and it was soon observed that he was speechless and shortly after became insensible—A physician was called in who bled him freely—and whilst the blood was flowing the most violent convulsions came on. He lay afterwards semi-paralysed, and in the most critical condition for some days. He slowly recuperated, but with health and mind greatly impaired, and although two months have elapsed he is not yet able to resume his business. Now in my humble opinion, if he had been treated

with mustard, frictions of the extremities, and Belladonna and Ignatia in quite rapid alternation, he might have been restored to usual health in a day or two. The diagnosis is sometimes difficult to make, between such nervous exhaustion and cases of true cerebral compression external or internal. See a valuable article on this subject by Drs. Pepper and Condie in *Am. Jou., Md. Sc.*, Vol. 21st. I have seen Aconite, Belladonna, Arnica, &c., so successful in cases demanding upon allopathic principles copious depletion, that there is no conceivable case in which I would not regard venesection rather as an admissible experiment than as a measure of practice based upon scientific principles.

(Aug. 25th,) Yellow Fever is prevailing quite extensively at New Orleans, owing no doubt to the culpable neglect of the authorities in failing to establish an efficient quarantine on all the principal inlets to the City. Its origin this summer has been more clearly traced than ever to vessels from Havana. Our quarantine regulations are in full force here, and we have no apprehension of an epidemic. Last year several cases had been landed at our wharf from New Orleans, before the quarantine was established, and from this the disease unquestionably radiated in all directions. There never was an epidemic of Yellow Fever in Natchez, before the year 1817, or until steamboat navigation was established, and large numbers of persons and packages were imported fresh from the infected atmosphere. In 1823, the fever prevailed in Natchez *before* it was pronounced epidemic at New Orleans, but it was traced to a person who came from Havana direct, without delaying in New Orleans, and was attacked with Yellow Fever immediately on his arrival and died, while the disease spread in the neighbourhood of the house where he stayed. In 1843 and 1847, extensive epidemics prevailed in New Orleans, but Natchez escaped entirely by the enforcement of a rigid quarantine, although towns both below and above, where no restrictive regulations were instituted, suffered severely from the scourge. The question with the people of Natchez is no longer an open one, and whenever the inlets to the Mississippi shall be efficiently protected during the hot season, Natchez can boast with truth of being the healthiest city in the United States.

ALLOPATHIC SCIENCE.

BY SAM-BUCUS.

It is remarkable that though homœopathy is, comparatively speaking, a new science, so infinitely superior does it appear, when compared to the older method of practice, and so strongly does it bear upon itself the impress of perfect truth, that those who, even for a short period, have studied its doctrines, look upon the practice of "thousands of years standing," in other words allopathy, as a barbarism which sensible people will no longer tolerate, a species of butchery which is rather a scourge, than an advantage to the Human Family, and as such, are only lost in amazement, that any individual possessing the least conceivable amount of philanthropy, would venture to practice according to its principles. Perhaps this language will appear too severe to those who have no insight into homœopathy, and who hear it applauded or condemned with alike indifference, but if such will, for a short period, study the theory of Hahnemann, and give their strictest attention to the practice based thereon, they will not fail to observe, that, guided by the *one* bright light of "*Similia similibus curantur*," the physician may send his thousandth, aye! the millionth of a grain, direct to the mark, while the allopath, unsteady in his aim, from the flickering of the varied and uncertain rays of conjecture and empiricism, in vain essays to overturn and eradicate that disease which, from loss of time, grows monstrous and incurable.

Let us look for a moment into a standard allopathic work, and observe the *elements* that its students are first to thoroughly understand before they are capable of *scientifically* practising the so-called "Healing Art."

The chapter opens thus, "Scarifications."—Pause, dear reader, and consider. It is, indeed, a beautiful word; so very *expressive*. Next, "Leeches." These need no comment, for every urchin in his preparatory lessons in the art of swimming, has learnt full well their nature and application.

Then we come to "Counter irritants," and under this head we find "Issues," "Setons," "Moxa," &c., &c. The first named is to be effected thus, "By placing a common pea, a glass bead, or a *pepper pellet*, in a wound made on the surface for its reception, or

on a sore already made with caustic, and keeping it there by means of a strip of plaster, so that it acts as a source of excitement or irritation." Such excitement must be delightful in the extreme, but we would rather preserve any patient of ours from such a resort, however gratifying it might be to the upholders of medical science, fearful lest the preternatural irritant might hurry the patient to a premature grave; although it is true, some have been blest with constitutions so capable of enduring torture, that they have passed through the ordeal and come forth alive.

Next in order are the setons, which constitute another delicate operation; performed, not as might be supposed, on the lower order of the animal species, but on human beings themselves. It *does* seem as though the dark ages were commencing again, or that they have not yet entirely disappeared, when we read, "The seton consists of a worsted cotton, hemp or silken thread, passed through and under the skin for an inch or so—it is commonly conveyed by means of a large flat needle, about three or four inches long, and a quarter of an inch in breadth." This contrivance is allowed to remain an indefinite length of time, perhaps till it rots away, at least until the gigantic mind that conceived it necessary, sees fit to remove it, which circumstance would argue strongly in favor of a torture somewhat protracted. We feel, when we hear such practice recommended, nay, even deemed to be absolute, in standard medical works of our own day, commingled feelings of sorrow and contempt, the former for the poor deluded student, who verdant in the practice, when reading these preliminary lessons, is overcome by a vague idea of the terribly effective and scientific nature of the pursuit upon which he is about to enter; the latter for the total empiricism of what has so long been styled the educated and rational, the regular and scientific school of medicine.

But what have we next? The Moxa! This we suppose is the educated mode of expressing torture by Fire—it is also recommended to apply a poultice over the part burnt.

But there is not time at present to enumerate all the beauties of the art, we think of Mustard and Tartar Emetic, blisters and poultices, Mercury in all shapes, Castor and Cod Liver Oil, Squills and Senna, &c., &c.

But, dear reader, when you observe one of the doctors of the "*old school*" pass by you, enveloped in the pomposity of this *enlightened*

profession, as he moves along with the gold-headed cane, and locks grown gray with service, do you not wonder that such a scientific genius has remained so long upon this earth? or that the functions of the brain have not become exhausted by such strenuous and constant exertion. What an amazing amount of learning, talent, reflection and research does it require when called to see a patient with a quick pulse, to cry, "Bleed him," or if the *word* inflammation, he thought of, "leech, cup or blister him," or as very frequently occurs, the case be not fully understood, of course some means must be resorted to, and consequently the innocent and unoffending bowels are attacked with drastic purgatives, which in nine times out of ten, enhance rather than diminish the primary disorder, create another, and leave the patient in such a debilitated condition, that (mark the direct change of treatment) brandy, quinine or some other stimulant must be exhibited, to enable the system to bear the previous depletion. 'Tis no wonder the mind of the *doctor of physic* must give way under such continued exertion of intellect.

But seriously, when we compare this (if it may be allowed so to be termed) *name* practice, with our own, the symptomatic, what a difference is disclosed, not only in the mere labor required in the latter, of searching for symptoms, and the continued effort of memory necessary for the proper administration of remedies in every phase of disease, but in the beauty and applicability of a guiding law, true alike in all climes and under all circumstances compared to the practice of the former, which necessarily differs more or less with each of its advocates, because based upon the uncertain foundation of experiment.

DEFENCE OF HAHNEMANN.

A Review of the Doctrines of his Opponents in a Series of Letters to James Kitchen, M.D., by W. Geib, M.D.

LETTER IV.

I COMMENCE this letter at the third part of Dr. Hempel's Organon, which appears to reach his ultimate object of showing, that, symptoms do not furnish a proper basis for the apposition of remedy and disease, agreeably to the teachings of Hahnemann. He contends for a certain, to me, undefined, "starting point," both in

remedy and disease, and the apposition of these, as the only means of securing the therapeutic action of the remedy.

He says, that "according to the vitalists,"—it will be recollected he places our old master in this class, "disease is a purely dynamic alteration of the vital forces, and they have expended a tremendous quantity of acute logic, to prove the truth of *this fallacy*." The doctor's reasons for thinking this a fallacy, and which follow the declaration, are certainly, according to the views of some students of nature, rather strange. He says, "if disease were simply a dynamic disturbance of the functional harmony of the organism, it would necessarily follow, that the vital principle, which in its inmost essence constitutes *one of the infinite forms* of the divine love and wisdom, can, (may,) at one and the same time, be a state of (both) goodness and evil, order and confusion, (or) harmony and discord, which is manifestly impossible and absurd."

Premising what disease is not, he says, "what else then can it be, but a thing of its own, a vital spirit, an ethereal principle or miasm, or any thing else you please, but at all events, a *substantial* something, obeying its own order of existence, which it endeavors to impose upon the organism, and which the organism tries to resist?"

This is certainly defining disease to be an intelligent morbid agent; a kind of diabolical spirit, trying to intrude itself into the organism, while the organism is trying to keep it out. This page 191, calls for a long analysis, but space will not admit. As far, however, as our revered master's doctrines are concerned, it appears to me, that nothing could be better calculated to fortify their claims to our confidence, and to inspire our gratitude for his wisdom, than these singular speculations on the virtual character of disease.

In this view of the *causa morbi*, our friend is surely disposed to give it a physical character, and its author, that of a materialist.

How prone learned gentlemen are to leave the plain, straight path of inductive knowledge, and to wander in the wilderness of metaphysics! It is a bad sign, when an author's ideas are hard to understand, and especially so, when treating utilitarian subjects, which should be as plain as a turnpike road. Our author makes a distinction on this page of his work, between reason and understanding, which appears to be especially invented to dispose of the symptoms of disease, that haunt him at every turn, and to carry out his favorite hypothesis of individualising disease as a separate some-

thing that is to be treated apart from the symptoms, which the latter only serve to disclose. Let him speak for himself.

“The struggle,” he says, “between the organism and the principle of disease, is characterised by pains and by various abnormal sensations and appearances, by which it, (the disease,) manifests itself to the sensual understanding. The understanding perceives, and the reason determines, the character of these phenomena, and their relation to each other, and to the organism and its particular parts. To the understanding, therefore, the disease seems an assemblage of symptomatic appearances, pains, nervous derangements; but the reason views it, as an internal state of the organism, resulting from the invasion of an hostile principle, and its struggle with the organic vital forces.”

The rays of Hahnemann’s genius, thank God, shine through this old-fashioned mist, and illuminate the plain straight road of his doctrine, which full of landmarks, has guided thousands to the blessings of homœopathy, and to the possession of a simple and sublime principle of medical practice, that requires only the aid of common sense to be understood and successfully applied.

The first practical illustration of the doctor’s principle or doctrine of a “starting point,” is presented at p. 196, where he says, “no drug can effect a cure, whose action upon the organism does not start from the same point as the disease,” and which he proposes to accomplish by exhibiting the action of Aconite and Mercurius.

We are told that, “in order to determine to (with) what disease Aconite especially corresponds as a remedial agent, our first duty is *to prove it upon the healthy organism, in such a manner as will make us correctly acquainted with the starting point of its action.*”

There are but two ways to prove a medicine as a remedial agent; one, on the healthy, the other, on the sick; one, to exhibit its pathogenetic, the other, its therapeutic influence. But as experiment, *abusa in morbis*, is not an honest practice, the only proof that can result from the use of medicines, as remedial agents, is the confirmation of the pathogenetic effects produced in the healthy organism. Now what are these effects, but what are called morbid symptoms; and how is it possible to apply a remedy in disease, but by the apposition of these symptoms? All morbid effects in the organism, whether of medicinal agents or of natural causes, that is, whether artificially or naturally produced, are manifested by symptoms or signs of these effects, that are palpable to the understanding; fur-

nishing a true and positive picture of the morbid affection, that supplies the land-marks for all medical practice. It is the misconception of the character of these phenomena, that has caused and still seems to cause diversity, in the theory of therapeutics. And of this fact, our author gives a strong proof, in the singular and distracting use he makes of them, to reach the apposition of remedy and disease.

He will have us look to the *ganglions* and the *capillary* nerves, for his "starting point," his "spirit of disease," his "bond of union," to predicate the use of Aconite; and says, "the first action of Aconite in the living organism, is upon the ganglionic and capillary systems of nerves." How is it possible, sir, this effect can be known, without some tangible evidence; and what can this evidence be, except signs, phenomena, or symptoms? And for this purpose, our author furnishes, indeed, a considerable pathogenesis of this medicine, at p. 197, and supports this proposition, at p. 196, in saying, "a sufficient number of prominent *symptoms*, should, at all events, be reproduced, to show by unmistakeable signs, both the starting point of the drug's action, and its general *correspondence* with the character and *symptoms* of the disease."

It appears to me, sir, that phenomenology and *similia similibus curanda*, are here presented in bold relief, and that the doctor's "spirit pet," becomes a mere phantom. I believe you will join me, in upholding his "bond of union" between medicine and disease, as legitimately Hahnemannian, but also agree with me in believing, that his *manner* of accomplishing this important object, is calculated to puzzle all the phenomenologists of our metropolis, if not those of own Empire city.

The very fact of predicating therapeutics, on such a starting point as Dr. Hempel prescribes, would necessarily brush away all the domestic volumes and their appurtenances, with all the *repertories*, if not the whole homœopathic practice, like so many cobwebs.

But there is a starting point, and a bond of union between remedy and disease, that has saved many a life. Even in the hands of lay intelligence, and in the homœopathic school, too, where probably too much learning had diverted the minds of highly educated medical counsellors, unsophisticate common sense has selected the specific medicine for the case, as indicated in the *Materia Medica Pura* of Hahnemann, on the therapeutic basis of our venerated master *Similia Similibus Curantur*, on a single predominant characteristic

symptom; and this, in a threatening and rather hopeless case of typhus, in which *Arsenicum* made a speedy cure, in the hands of our friend Radde, of New York.

You, sir, if I recollect rightly, have been the witness of a similar instance, in which, a rather prolonged extemporaneous practice had proved unsuccessful in a case of rheumatism in an old lady, who had to be cured for a wedding-party, if possible; and being put to the task, you consulted your *Materia Medica*, and selected *Viola odorata*, on a single pathognomonic local indication, with success, that put surprise and joy in the face of every witness of this triumph of the beautiful simple doctrine of the immortal Hahnemann; a doctrine, which, at the end of seventy years, is now to be supplanted by Hempel, Teste & Co.! *Mon Dieu!* No doubt the spirit of Hahnemann smiles on these glaring but harmless sophisms. May a few rays from his transcendent genius, shed light enough on my humble efforts, to enable me successfully to present them to the view and consideration of my readers.

My own experience has made me a believer in the characteristic symptoms, as the "starting point," both of remedy and disease, given *similia similibus*, according to the *Materia Medica*, and more especially, when Hahnemann's name stands as the author. A metrorrhagia, of nine months standing in the old school, has yielded in three days to *Cinchona officinalis*. A violent dysentery of sixty bloody discharges a day, in a lady of sixty, of delicate constitution, yielded in a few hours to *Mercurius solubilis*, to the great astonishment of many skeptics. A prostrated child, from violent, prolonged relax, in the arms of a skeptic mother, began to revive, as she was forced to confess, after the first teaspoonful of *Nux vomica*, of the third dilution, in a tumbler of water. A sharp, drawing toothache, of six hours, that had defied all domestic remedies, yielded in three minutes to *Belladonna*; caused by contact of air with the nerve of an extreme tooth, through a very small orifice.

I have ever regarded such cases, for myself, as furnishing an important lesson in homœopathic practice; that, in a healthy constitution, free from the morbid influences of drugs, organic lesion, or a dyscratic state of the system, the affection being an effect of a specific cause, and the organism in a state of receptivity, the law *similia similibus curantur*, will not fail to illuminate the path of practice with all its glory, and light the way of the rational votary

of *similia similibus curantur*, to the most desirable results, both for himself, and his confiding patient.

I will close this letter, with some further remarks on the consecutive action of remedies and disease, as promised in my last.

This subject has always impressed my mind, as presenting one of the greatest difficulties in carrying out our fundamental law, in the apposition of remedy and disease, and has seemed to call loudly for such an arrangement of the *Materia Medica* of our school, as shall present a clear distinction between *primitive* effects or symptoms, and those resulting from *reaction*.

It is evident, sir, as our friend thinks whose opinions I have taken the liberty to oppose, that a correspondence of disease and remedy must exist to insure a favorable effect, and that a primitive pathogenetic symptom, cannot be placed in apposition with a secondary or reactive morbid pathological phenomenon; an error which, it is to be feared, not unfrequently results from the present arrangement of our provings, as they are recorded in the *Materia Medica*.

Rau has the following very relevant and conclusive remark on this subject. "Many partisans of specific medicine, as well as myself, have witnessed the *perfect and rapid cure* of diseases, previously unsuccessfully treated, when the remedy has been applied, whose *primitive* symptoms corresponded with the malady." (*Rau Nouvel Organe*, Sec. 62.)

He states in corroboration, that Hahnemann had never treated a case of cholera, but proposed the use of camphor, from its primitive effects, which has since proved a valuable remedy in those cases marked with the same symptoms. Arsenic was suggested by Hufeland, on the same ground, his knowledge being, as an enemy of homœopathy, confined to its primitive effects, and many cholera patients owe their lives to this remedy.

He takes a very interesting view of what our friend Hempel regards as the seat of specific action, and therefore, the legitimate basis of pathological and pathogenetic apposition; viz., the peculiar or specific action in the various organic systems; but concludes by saying, "But all the explanations proposed on causal dependence, afford but little satisfaction, *and are of no use in practice*."

To know the locality of both pathogenesis and disease, he esteems of cardinal importance, but eschews all *transcendental, metaphysical theories*, that will ever tend, as he says, to make medicine a useless mystery.

DISEASES OF THE NERVOUS SYSTEM.

BY A. E. SMALL.

(CONTINUED FROM PAGE 336.)

CONGESTION, OR HYPERÆMIA OF THE CEREBELLUM.

THE cerebellum is a segment of the encephalon about which there has been entertained different views. In the opinion of the phrenologists, it is the seat of sexual love, and were this the exclusive function of the organ it would be easy to detect any local difficulty appertaining thereto. But other physiologists from a variety of experiments, have come to adverse conclusions.—

Flourens, experimented in such a way, as to lead him to regard the function of the cerebellum to be the co-ordinator of muscular movements; in removing the cerebellum of birds by successive layers, he found on removing the most superficial, that feebleness & want of harmony of the movements were the consequence. When he reached the middle layers the animals became restless without being convulsed, their movements were violent and irregular, but their sight and hearing were perfect. By the time the last portions of the organ were removed, the animals had entirely lost the power of springing, flying, walking, standing and preserving their equilibrium. When an animal in this state was laid upon its back, it could not recover its former posture, but it fluttered its wings and did not lie in a state of stupor; it saw the blow, which threatened it and endeavored to avoid it; volition, sensation, and memory, therefore were not lost, but merely the faculty of combining the actions of the muscles, and the endeavors of the animal to maintain its balance were like those of a drunken man. Similar results were obtained by a repetition of the experiments on different classes of animals, From which *Flourens* inferred that the cerebellum belongs neither to the sensitive nor to the intellectual apparatus, and that it is not the source of voluntary movements, although it belongs to the motor apparatus; but it is the organ for the co-ordination of the voluntary movements, or for the excitement of the combined action of the muscles; comparative anatomy confirms this view, inasmuch as in each of the four classes of vertebrata, the species where natural movements require most frequent and exact combinations of muscular actions are those whose cerebella are most developed in proportion

to the spinal cord. On the account of the strength of the evidences, the view of Flourens has been generally adopted. But another hypothesis is started by Foville that the cerebellum was the seat of the muscular sense, that is, of the sensation derived from muscles, through which the mind acquires that knowledge of their actual state and position which is essential to the exercise of the will upon them. This hypothesis will explain the facts elicited by Flourens, perhaps, quite as well as his own inference. But in the absence of perfect physiological knowledge we deem it proper to make use of uncontroverted facts, as far as developed. From the foregoing it might be supposed that complete *Congestion* or *hyperæmia* of the blood-vessels of the cerebellum would destroy the combination of muscular movements, not destroying the power of the muscles, but occasioning the loss of the power of the will in properly adjusting and controlling them. As the development of the cerebellum is evidently associated with the strength of the muscular system or rather the combined action of the muscles, a partial congestion might be attended with a want of harmonious movement, which difficulty would be increased, as the congestion became more general. We have met with the following cases, which perhaps may serve as a partial delineation of the symptoms that might arise from congestion of the blood-vessels of the cerebellum.

Case I.—A female of bilious temperament, in full possession of consciousness complained of a sensible fulness at the base of the brain without any defineable pain; when she attempted to move her head, she would complain of its going in a direction which she did not contemplate; she manifested a disposition to put forward her chin and throw her head back involuntarily; when she attempted to walk she could exercise the muscles of the lower extremities without being able to control their direction. In attempting to put her hand to the head, she would move it without control in various ways; in short she appeared to know what movements she desired, but could not co-ordinate her muscular movements, so as to effect what she desired. There was also a convulsive twitching of the chin towards the left shoulder. It may be remarked that this lady had previously suffered from attacks of rush of blood to the head, causing her at times, to remain insensible for hours. She had been subject to severe mental disturbance, her pulse was full but not tense; her digestion appeared to be undisturbed, and the usual secretions

appeared to be normal. She had been in this condition for some weeks previous to the time I saw her, and at times I learned her respiration had been labored and difficult. Although the symptoms were the only guide for the treatment, I could not avoid the inference that there was hyperæmia of the blood-vessels of the cerebellum, which perhaps affected sympathetically the contiguous portions of the base of the brain. She had been subject to allopathic treatment on former occasions, and her system had evidently been murcurialized, her *pulse* was somewhat accelerated and evinced a general irritability of the system.

Treatment.—The first remedy employed in this case was *Sulphur* 18th, repeated every twenty-four hours for a week, little or no change was produced during the time. *Nux vomica* 6th, was then administered for several days with little marked effect, except that she appeared to shudder as from cold. *Conium* 6th, was next employed, and after two days the patient could articulate more distinctly, but in other respects, there was scarcely any improvement. *Pulsatilla*, *Sepia*, *Belladonna* and *Aconite*, were severally employed with but little effect. The patient appeared to emaciate, and slight febrile symptoms, and night sweats set in. *Graphites* 30th, was employed for four or five days, three globules daily without effect, after which, *Stannum* 30th was given, which seemed to produce a marked change in the condition of the patient. The twitching of the chin towards the left shoulder ceased, the night sweats passed away with the fever, the sensation of fulness from beneath the occipital suture also became relieved, and from this time the patient gradually recovered.

Case II.—A gentleman about thirty-five years of age an Attorney at Law, of sanguineo-bilious temperament, complained at first of severe pressure and pain, at the base of the back part of the head which was followed by complete loss of power in controlling the movements of the body. When he attempted to walk, his movements would be various, evincing a complete absence of all power to combine the muscular movements necessary in walking. The mental faculties of this gentleman remained unimpaired, there was no perceptible tenderness of the spine, his speech remained perfect, but whether from habit or the effects of the disease, there was a constant inclination to draw up the shoulders, with the head thrown backwards. This man was under the treatment of several of the most

eminent allopathic physicians, for several years. He was treated with moxas, setons, and other topical measures, with no effect whatever. His brother being an eminent allopathic physician, was his chief medical adviser, and of course debarred him from a trial of homœopathic treatment. This patient became the father of children during his affliction, but he never recovered. This case is cited because it came under the observation of the writer when a student, and also because there are symptoms, which if properly interpreted might indicate a chronic hyperæmia of the cerebellum.

Case III.—A gentleman of bilious temperament, aged thirty, a merchant by profession, became afflicted with a severe pain in the occiput, which afterwards ceased, leaving a sensation of weight and fulness in the back part of the head near the neck, and a partial derangement of muscular action in walking, which rendered it necessary for him to have the support of another when he ventured the experiment. When the writer first took charge of this case, he found the patient in full possession of his intellectual faculties, with a good appetite, and normal condition of the digestive organs, and regular daily evacuations, and this had been the case, from the best information that could be obtained from the commencement of his sufferings, a period of thirteen months. He was at first under Allopathic treatment, under which he had to endure a resort to severe topical measures.

Treatment.—Sulphur was the first Homœopathic remedy given in this case, followed by *Phosphorus*, each in the sixth dilution, under this treatment, he appeared to rally for awhile, and there seemed to be some promise of complete recovery, but after awhile he relapsed into his former state. *Graphites 3d*, was given without effect. *Conium 6th* appeared to be of service for a while, as also did *Belladonna* and *Bryonia*, but soon after an apparent improvement from the use of any remedy he would soon relapse. His friends perceiving that no permanent good resulted from Homœopathic treatment after three months, placed him at a *water cure* establishment, where he was faithfully attended to for four months, during which time he lost about forty pounds in weight, with no improvement of his general health, after which he gradually sank away and died. During his whole illness, his sexual instincts remained without being impaired, and his wife bore him a son one year after he was taken sick. There was no post-mortem examination of this case, which is much to be regretted.

Case IV.—A man who died, aged about forty; the following facts were elicited from a post mortem examination: complete congestion of the blood-vessels of the cerebellum, partial congestion of the blood-vessels of the cerebrum. For some weeks previous to death, the patient was averse to exercise, reeled and tottered when he attempted to walk, his bowels were so completely torpid that he had no natural evacuations.

The above cases are cited, merely for consideration, because they appear to be illustrative of the effects of hyperæmia of the blood vessels of the cerebellum; but it is by no means certain that this important segment of the encephalon, was the source of all the phenomena detailed. When its physiology is better understood, it is not at all unlikely, that we shall be able to detect with greater accuracy, its implication by disease from the manifest symptoms.

The only indications for treatment of diseases implicating the nervous system, are the symptoms; and it strikes us, that as rush of blood to the cerebrum, if not sufficiently severe to interrupt sensation, is accompanied by severe pain and fulness in the sinciput, so a similar hyperæmia of the cerebellum, may give rise to pain, &c., in the occiput, and in the absence of anything more definite, the following indications for the use of remedies when there is pain in the occiput, may be of service.

When there is dull pain in the occiput, accompanied by general febrile symptoms, full bounding pulse, vertigo when rising from a recumbent posture, with reeling, as if intoxicated, *Aconite*.

If pain is felt in the occiput from concussion, which is sometimes produced by jumping upon the heels when the lower extremities are stiffened from muscular exertion, and not duly flexed, *Arnica*.

In cases where there is aching in the back part of the head, extending to the forehead, with dread of becoming delirious, tearing pains behind the ears, with heat in the head, and tearing, crampy pains, and twitchings and spasms in the muscles, *Ambra grisea*.

Headache in the occiput when making a wrong step, or from a loud noise, accompanied with rigidity in the joints, as if the tendons were too short, or when there is paralytic weakness and languor, *Ammonium muriaticum*.

When there is oppressive pain in the occiput, towards the nape of the neck, and a disposition to feel chilly, and nocturnal twitchings

of the muscles all over the body, heaviness in the whole body, emaciation, especially in scrofulous persons, *Baryta carb.*

In cases where there is rush of blood to the head, especially in the occiput, with beating in the brain, and worse in bad weather, accompanied with weakness of the joints and coldness, generally in the afternoon, *Borax*. If also accompanied by sensation as if the head were larger, *Bovista*.

Pain in the occiput, extending to the right side of the head, with eructations and inclination to vomit, congestion of blood to the occiput, and heat in the back part of the head, numbness of single parts, and especially in psoric constitutions, *Calc. carb.*

When the head inclines backwards from a crampy pressure in the occiput, and especially if in sensitive persons, the victims of silent grief, and inclined to weep, *Ignatia*.

Aching in the occiput, especially when walking, in a vexed mood, accompanied by stitches in the ears, and humming as if from rushes of blood, *Kali carb.*

Rush of blood to the occiput, with sensation as if the head had grown larger, and heaviness of the head, pain worse in the open air, *Manganum*. Sensation of pressure in the occiput, *Magnesia muriatica*.

Rush of blood to the head, tensive, spasmodic drawing in the head, especially the occiput and nape of the neck, and especially when attended with hypochondriac and hysteric anxiety, with palpitation of the heart, *Moschus*. Heaviness of the head, especially in the occiput, and particularly if the symptoms occur during a paroxysm of intermittent fever, *Natrum muriaticum*.

For fulness of the head, especially in the occiput, with stitches all through the head, or rush of blood to the head, with heat in the back part of the head, *Nitric acid*. This remedy is best suited to syphilitic subjects, when there is a tendency to caries of the bones or rickets.

Rush of blood to the head, with humming in the ears, and heat and pain in the occiput, arising from a sudden cold, *Nux vomica*. Throbbing headache in the occiput, and sensation as if every thing in the head were alive, *Petroleum*. *Sepia*, is especially suitable for females, when suffering from rush of blood to the head, and beating headache, especially in the occiput, with heat in the head, and particularly when stooping. *Spigelia*, is suitable for painfulness of the

occiput, with sensations of stiffness as if gone to sleep in the nape of the neck, and when the pressure in the head is worse when stooping, or when there are shocks in the head when walking in the open air. When the head is drawn backwards, with convulsive motions, *Stramonium*. *Sulphur*, is especially indicated, when there is rush of blood to the head early in the morning, with a feeling of fulness in the head, especially in the occiput. It is particularly indicated, when there is heat in the back part of the head, and drawing and tearing through the head, with a bubbling or throbbing headache, or tingling, roaring, and humming in the head, and heat caused by the rush of blood. There are other remedies, that act directly upon the occipital region, well calculated to relieve anything like congestion of the cerebellum, which is probably attended in its incipient stage, with more or less pain in the occiput.

DIET.—During treatment, should be light but nutritious.

CONGESTION OR HYPERÆMIA OF THE SPINAL CORD.

It is by no means probable, that congestion of the blood-vessels of the spinal cord, ever becomes general, although certain portions may become implicated, and under such circumstances, the organs to which the nerves proceeding from these portions are distributed, become to a greater or less extent implicated.

If congestion occur in the superior or thoracic portion of the cord, the superior portion of the trunk is affected; but if the same occur in the region of the sacrum or lumbar vertebræ, the abdominal portion of the trunk becomes affected.

SYMPTOMS.—Congestion of the blood-vessels of the spinal marrow, if located in the dorsal portion, may give rise to oppressed respiration, dyspnœa, sometimes cough, increased sensibilities of the tissues of the lungs, and increased or diminished sensibility of different parts of the frame; increased or diminished mobility of the upper extremities, and paralysis. If the congestion occurs in the lumbar region, various phenomena occur, with reference to the abdominal organs. There may be paralysis of the bladder, and other organs, constipation as well as pain, in the region affected. The difficulty may terminate spontaneously, after a short or longer duration, or it may become chronic, or end in death.

CAUSES.—Supposed to be the same as affect the organism in producing other congestions.

TREATMENT.—The treatment of hyperæmia of the spinal marrow, is nearly the same as that for other local congestions.

When there is an indication of congestion in the dorsal region, affecting the function of the lungs, and the muscles of the upper extremities, with sensation of heat over the region of the dorsal vertebræ, *Aconite* may be given and repeated several times, and afterwards *Belladonna*, if the *Aconite* fails of affording complete relief.

When there is pain and heat in the back or spine, that has been occasioned by contusion or mechanical injury, affecting the organs of respiration, as above, and there is a full pulse, and the patient complains of feeling sore in the affected region, and particularly if there is anything like paralytic weakness in the thoracic extremity, *Arnica* and *Hypericum* may afford relief.

If the difficulty occurs in females of lymphatic temperament, of mild or sensitive disposition, or if attended with anything like derangement of the menstrual function, *Pulsatilla* has been known to afford relief.

In a case of apparent congestion of the blood-vessels of the lumbar portion of the medulla, which was characterised by pain and heat in the lumbar region, obliging the patient to lie on the back for the sake of ease, and also affecting the abdominal muscles with a paralytic weakness that interrupted all efforts for the evacuation of the bowels or bladder, *Belladonna* afforded relief, and *Nux vomica* completed the cure. The patient was of sanguine temperament, aged about twenty-five years.

In the case of a male, aged forty-two years, of leuco-phlegmatic temperament, where there was pain and heat extending from the sacrum to the inferior dorsal vertebræ, attended with loss of power in the lower extremities and the muscles of the abdomen, *Nux vomica* afforded partial relief, and *Conium* completed the cure.

Attending congestions of different portions of the medulla spinalis, which in most cases, will be denoted by heat and pain in the region, different groups of symptoms may arise, which will require corresponding homœopathic remedies. *Aconite*, *Belladonna*, *Nux vomica*, *Rhus tox.*, *Bryonia*, *Sulphur*, *Calcarea*, and many other remedies will be found serviceable, if otherwise indicated.

When individuals are subject to attacks of hyperæmia of the nervous centres, too much care cannot be exercised to avoid all excitement, and total abstinence from all intoxicating drinks cannot be too strongly recommended. Regular exercise is recommended, and even enjoined, and also, a moderate diet, with only a small proportion of fluid, in order to avoid repletion of the vessels.

To facilitate the return of blood to the extremities, patients should not be suffered to remain too long in a horizontal position, and during attacks of hyperæmia of the encephalon, it would be as well for the head to be slightly elevated. The extremes of heat and cold should be avoided as much as possible, and too much sleep is to be avoided, as having a pernicious tendency.

As in the employment of remedies, symptoms must be the guide, and as every remedy in all probability, acts directly upon some specific locality, there cannot be too much care exercised, in the study and right interpretation of the symptoms, and the proper affiliation of the remedies.

INFLAMMATION OF THE NERVOUS CENTRES.

Although the nervous centres have numerous anatomical divisions, and each performing specific functions, yet the researches of physiologists have not been sufficiently extensive, to enable us from symptoms to locate the precise seat of inflammations, as they take place. In general, we can distinguish inflammation of the encephalon, from that of the medulla spinalis; but it is not always easy to determine between that of the cerebrum, cerebellum, and medulla oblongata, and when we have decided in general terms, that the inflammation is encephalitis or myelitis, there is no means of being positive whether it affects the medullary substance, or the membranes that invest it. In the treatment, therefore, of inflammations of the nervous centres, the symptoms must be the guide.

As the intellectual faculties are supposed to be seated at the periphery of the brain, it has been supposed, that much delirium accompanying other signs of inflammation, indicates that the seat of the inflammation is in the meninges or peripheral portion of the brain.

And on the other hand, somnolency, convulsions, and want of power over the apparatus of voluntary motion, have been regarded

as indications of deeper seated inflammation; we will therefore proceed to describe the symptoms of encephalitis.

SYMPTOMS.—The encephalon being the seat of sensation, volition, and mental manifestation, an attack of inflammation will modify these faculties to a greater or less degree, according to severity and extent, as well as in accordance with the seat and character of the inflammation;—hence, some cases will be characterised by violent delirium, augmented by every impression made upon the sensorium; the slightest noise may bring on a paroxysm. This, at times, continues throughout the whole duration of the disease, but when it is about terminating fatally, coma takes its place. There is usually sleeplessness and great restlessness. In other cases, patients appear morose, and unwilling to be disturbed. In some cases, the intellect remains unaffected. The earliest symptoms, are violent excruciating pain in the head, increased by light or noise, and at times the skin is unusually sensitive,—the sight and hearing depraved; flashes of light, detonations and singular noises are heard. At a later period, the senses become less acute. Vomiting may mark the onset of the disease; sometimes the bowels may be deranged; at other times, the concentration of the forces to the encephalon are so great, that complete constipation is the result.

The presence of encephalitis may also be indicated by disordered motion, and much agitation, tremors, convulsions, and paralysis; sometimes, these symptoms may be general,—at other times, only partial, implicating certain muscles.

Respiration is more or less affected; sometimes labored, hurried, and not unfrequently stertorous, when the inflammation is severe.

Encephalitis in children, may often come on insidiously; the child may be dull and restless, the pupils may be contracted, and there may be sensibility to light and sound, and more or less headache. These symptoms should always enlist the attention of the physician, or before he is aware, convulsions, or some other more positive signs of encephalitis may occur. Sometimes, inflammatory fever and congestion precede encephalitis, or violent delirium may be the only indication of its presence. But this symptom may exist, when there is merely fever without the actual existence of encephalitis, disordered bowels in children during febrile affections, are often attended with slight delirium, which is sympathetic, rather than actual inflammation of the encephalon.

As a general rule encephalitis in the first stage is indicated by exaltation of the functions of sensibility and in the second and final stage the patient sinks into insensibility, coma or paralysis, with dilated pupils that do not contract on the approach of light.

Sometimes the disease destroys in a day, at others it is protracted and passes through several stages and ends in restoration to health or gradual sinking away. Often in cases of recovery, some of the functions are liable to remain permanently impaired, strabismus, deafness, and dementia, have been the most commonly observed.

CAUSES.—There are numerous causes that may bring on encephalitis; external violence, falls producing concussion of the brain, a fall of considerable force upon the breech or feet, may induce it, though it may be weeks before the inflammation supervenes, exposure to a hot sun, too free an indulgence in the use of stimulants, as wine or alcoholic drinks, excessive mental exertion, teething in children and febrile diseases generally may determine themselves to the head and produce encephalitis.

TREATMENT.—The remedies employed in the treatment of this disease, are for the most part, *Aconite*, *Arnica*, *Arsenicum*, *Belladonna*, *Bryonia*, *Chamomilla*, *Cuprum metallicum*, *Hyoscyamus*, *Ignatia*, *Ipecacuanha*, *Mercurius*, *Nux vom.*, *Opium*, *Pulsatilla*, *Phosphorus*, *Petroleum*, *Rhus tox.*, *Sulphur*, *Sepia*, *Stramonium*, *Spigelia*, *Tart. emetic*, and *Veratrum*.

When there is an exaltation of the senses, and a dread of light and noise, and considerable headache, which appears to be increasing in severity, and there is any disturbance of the nutritive functions, heat in the head, full, quick pulse, and general febrile condition of the system, *Aconite* should be administered at short intervals until relief or change.

Where the symptoms of encephalitis supervene upon a fall or blow, producing concussion of the brain, and particularly when there is pressing headache in the forehead with heat in the head; the body being cool or naturally warm, jerking, tearing or stitches in the head, tingling around the eyes, empty eructations and inclination to vomit, *Arnica* may be administered and repeated at intervals of one or two hours until amelioration or change.

If there is beating pain in the forehead, excessive anxiety and chilliness, or general coldness, followed by fever and vomiting, or with indistinct chilliness and heat, with humming in the ears,

burning in the hypogastrium, and great thirst accompanying the usual symptoms of encephalitis, great prostration, or sudden and excessive debility, and especially if the pain in the head is ameliorated by cold applications, *Arsenicum* may be used with advantage.

In the commencement of an attack when there is severe excruciating pain in the forehead and vertex, attended with vomiting and burning thirst, pains in the orbits, and violent aching through the eyes, ringing and roaring in the ears, feeling of distension and throbbing in the head, delirium, somewhat violent, coming on from the excitement of noise or light, and especially if these symptoms occur from a sudden cold, attended with redness of the skin, bloated face, *Belladonna* may be used in alternation with *Aconite*. And also if the delirium and wakefulness is followed by *coma*, *Belladonna* may still prove of service repeated at intervals of two or three hours.

In cases where there is severe gastric derangement at the commencement, and burning in the stomach during motion, and great fulness of the head, and excruciating pain, pressing in the brain, either from within outwards, or the reverse, aggravated by the slightest motion, or when the encephalitis is of a typhoid character, *Bryonia* may be given at intervals of one or two hours until the bilious vomitings cease, or there is occasion for change of remedy, and also when the pain in the head is confined to one side, attended with vomiting, and followed by delirium, and when there is short or hurried respiration and delirious talk about business at night, and heat in the head and face, and fever of a typhoid character, *Bryonia* in alternation with *Aconite* may be administered at intervals of two hours.

Encephalitis supervening upon the teething of children, attended with an irritable and sensitive condition of the nervous system, vomiting of greenish matter from the stomach with tendency to torpor, or half-sleep or sleeplessness, screaming, starting and tossing, or moaning when asleep, and heat in the head, redness of the conjunctiva, and spasmodic closing of the eyes, or distention of the eyes, *Chammomilla* may be given at short intervals, or when vomiting of greenish matter from the stomach precedes convulsions, and when the convulsions are succeeded by *coma*, *Cuprum metallicum* may be given at intervals of four or six

hours until amelioration or change; and, also, when the child exhibits a pale complexion, spasmodic distortions of the face, blue lips, and unsteady motion of the eyeballs, *Cuprum* will be found of great service.

Cuprum is also of great service in inflammation of the brain of adults when the cerebrum is chiefly affected, when there is severe vomiting attending the delirium, and especially when the patient in the commencement of the attack complains of bruised sensation in the head.

When there is drowsiness and loss of consciousness with delirium about one's affairs, or when there is singing, murmurs and laughter, picking the bed clothes, starts and screams, *Hyoscyamus*.

If the patient is disposed to weep, with frequent paroxysms of crying and sobbing as if the heart would break, *Ignatia*: and also in the commencement of an attack when the patient complains of headache, as if from a nail in the brain, and when the head inclines backwards with convulsive movement of the eyes and lids.

If the attack comes on with coldness of the hands and feet with intense excruciating pain in the forehead, and nausea and vomiting, pale face, convulsive twitching of the facial muscles and of the lips, and aversion to every kind of food, constant gagging, sobbing breathing, and where there is a peevish, fretful delirium, and also when there is looseness of the bowels with dysenteric stools, and frequent paroxysms of pain in the bowels, *Ipecac.* may be given with some hope of affording relief, and also in the commencement of an attack, when there is a violent distress in the stomach and pit of the stomach.

When encephalitis supervenes upon gastric and bilious difficulties from the abuse of Cinchona or Quinine, and particularly when in the commencement of the attack there is a violent pain in the head as if it would fly to pieces, or tearing burning headache followed by delirium and intolerance of light, profuse lacrymation, stitches in the ears, burning and smarting of the eyes, pale complexion, inflammatory fever and disposition to perspire, *Mercurius* may be given every three hours until a change in the symptoms.

In cases occurring in sanguine and choleric temperaments subject to hemorrhoids, when the pain in the head comes on from cold, or intense mental application, or from the use of wine and other

intoxicating drinks, *Nux Vomica* and *Arsenicum* may be used with advantage.

In deep-seated inflammation, characterized by coma or low muttering delirium and convulsions, general torpor of the nerves, sleep with half consciousness, coldness of the skin, or, at times, burning heat of the body with redness of the face, pulse full and slow, *Opium* may be given and repeated at intervals of four hours.

Cerebral inflammation in young girls near the age of puberty that appears to result from the struggle of passing into the menstrual period, may be controlled by the use of *Aconite* and *Pulsatilla*, and especially if there is a tendency to convulsions and frequent attacks of epistaxis. If signs of hyperæmia precede the encephalitis, *Belladonna* may be administered, to be followed with *Pulsatilla*, and especially if the attack is preceded by jerking and tearing and drawing in the muscles, or if it occur from suppression of menses, or after frequent attacks of rush of blood to the head.

Encephalitis attending acute diseases, such as scarlatina or small pox, attended with redness of the eyes, face pale and sunken bloated face, with constant gagging and disposition to vomit, dryness of the throat, disposition to coma, *Phosphorus*, repeated at intervals of an hour, may be employed with advantage.

Petroleum may be used when there is severe throbbing pain in the occiput with excessive languor, loss of memory, and coldness of the hands and face.

In cases of typhoid fever where there is great prostration and cerebral inflammation, indicated by coma and delirium, inflammation of the eyes, and derangement of the kidneys, *Rhus tox.*, and particularly where there is any erysipelatous tendency this remedy has been found of great service.

In psoric constitutions where inflammation of the brain has been brought on by suppressed eruptions, *Sulphur* may be repeated every twenty-four hours until a change.

Encephalitis characterized by sleep which is almost natural, but with jerking of the limbs, moans, tossing and mental absence after walking, or when there is a fixed look and desire to withdraw in a slow and timid manner, or to run away with cries and fear, violent feverish heat, redness of the face, and moisture on the skin, *Stramonium*.

Spigelia and *Cina* have both been found useful where there is

vomiting with clear tongue; these remedies are particularly useful for children subject to worms, and also when the disease is superinduced upon involution. In the commencement when there is severe pain in the head from the least exercise aggravated by noise and shocks in the occiput.

Tart. emetic is indicated when the attack comes on with violent straining, retching and vomiting of acrid and acid matters or mucus from the stomach, and when this is followed by painful pressure in the eyes, oppressive constrictive headache, as if the brain were agglomerated into a ball, and followed by delirium or stupor as if the inflammation were deep-seated.

Veratrum, *Viola odorata*, and *Viola tricolor* are severally remedies that may be consulted for cases of inflammation of the *encephalon*. The remedies best suited to deep seated inflammation where the intellect remains entire or only slightly impaired are, *Sepia*, *Spigelia*, *Sulphur* and sometimes *Arnica*, *Phosphorus* and *Arsenicum*.

Hygienic Treatment.—Patients suffering from encephalitis, should, if possible, be placed in a well ventilated apartment, where the air can circulate freely through the room, and the room should be in a perfectly quiet place, so as to shut out the noise from the streets and from other sources; the windows should be darkened so as to exclude the light, in a great measure, although it would be well, during the day, to admit a moderate degree without subjecting the patient to the action of a glare of light at any time.

All perfumery, of every description, should be kept out of the room—no cologne, whisky or alcohol, in any form should be allowed about the patient, and flowers or green plants should be entirely excluded from the room.

It has been recommended to put ice to the head of encephalitic patients, without exercising any discrimination, but this practice has a pernicious tendency, and without doubt, the chances for a cure are more frequently diminished than augmented by the practice; and this would seem reasonable from the fact that cold applications not only abstract the heat, but effectually close the pores, so as to interrupt the necessary exhalations from the surface. Experience assures us, that cold applications to the head when perspiring, throws the fluids escaping from the external surface back upon the mucous and serous surfaces, producing severe nasal catarrh, and hastening the formation of water in the sub-arachnoid

cavity, or causing the inflammation to merge into hydrocephalus more rapidly than it otherwise would. In deep-seated inflammation the practice is entirely to be discarded, but when the disease is mainly confined to the membranes, it may prove of service. The use of warm water, applied by saturating cloths, has been found by those who have tried the experiment, much more serviceable. We have witnessed a number of cases where the application of warm fomentations afforded speedy relief after the use of remedies and cold applications had failed of producing any perceptible good results. We have recently seen a cure of coma of several days standing, speedily effected by the application of warm fomentations to the head.

A child of Mr. A., aged three years, had been ill ten days with cerebral inflammation, which was characterised by furious delirium, at first, and afterwards by deep coma and speechlessness. Up to the time when we first saw the little sufferer, cold applications had been made to the head by his allopathic attendant. We prescribed *Belladonna* and the use of cloths saturated with warm water, upon the head, and the little patient in twelve hours became aroused from the coma, and soon manifested signs of recovery.

In case the bowels are constipated in encephalitis, so that no natural evacuation takes place, an *enema* of moderately cold water may be employed, and especially if there appears to be any fulness or hardness or distension of the bowels. But cathartics should never be used, because the irritation they occasion is likely to cause a sympathetic action of the brain, tending to aggravate rather than diminish the existing difficulty.

Diet.—Nothing but thin gruel should be allowed during an attack of inflammation of the brain, and this should be given a spoonful at a time and frequently; very weak chicken-soup may sometimes be substituted for the gruel, and in case the patient manifests unmistakable signs of convalescence, it is better to still continue a very light diet for some time, gradually increasing from gruel to something more substantial.

Editors Philadelphia Homœopathic Journal.

GENTLEMEN.—Your August editorial entitled *Medico Mania*, is so strange and unlooked for an attack upon the efforts that are now being made for the perfecting of our *Materia Medica*, that I am constrained to ask a place in your next issue for a few words in relation to it.

In regard to the science itself you ask, in effect, “Do we need new remedies? Should not our labors be directed rather to the farther proving and investigation of remedies already known to us, than to the proving of new ones?” Then, in regard to what is now being done, you appear to think these labors unwisely conceived and improperly conducted, and their results, in so far as they are known, worthless trash.

Now, as to the scientific questions,—that we need new remedies must, I think, be obvious to every practitioner; for every one must meet with cases to which no drug in the *Materia Medica* exactly corresponds, and to which there is no reason for supposing that any known drug would exhibit an analogous affection, to however great extent its proving might be pushed. And a posteriori evidence that we need new remedies is to be found in the clinical history of remedies that have been proved within the last ten years. *Eupatorium*, *aloes*, *apis*, *glonoine*, *cepa*, *rumex*, have each enabled us to cure cases to which before no drug corresponded, and have thus diminished the number of incurable affections. There still remain, however, too many of these, to admit of our giving over the proving of substances hitherto untested.

2. Nor can the further proving and the profounder study of remedies already known to us, be substituted for the introduction of new remedies. Those who believe, as you and I do, in the universality of the Homœopathic law and in the absolute individuality of both natural and drug diseases, know that, if, for example, *apis* affect the skin in a certain well defined manner, although it may act upon no other sphere of the organism, and may therefore be as far as possible from a polychrest, yet nevertheless, in relation to certain analogous diseases, it is the most important remedy in the *Materia Medica*, and the polychrests *Rhus*, *Arsenic*, *Sepiæ*, could by no means be substituted for it, however profoundly these polychrests might be

investigated and however thoroughly proved. For the word *polychrest* has no reference, as I fear your editorial would lead some to infer, to the *intrinsic value* of a *remedy* as compared with other remedies in relation to any given sphere of the organism. It means simply that the remedy so called acts upon *many* spheres, or systems of the organism, whereas the action of some remedies seems to be confined to a very few spheres or systems, or to a single one.

A farther study of remedies already proved is unquestionably desirable. But this is a work in which we are all, consciously or unconsciously, engaged. Our daily experience in the treatment of disease either confirms our confidence in symptoms ascribed to various drugs, or else leads us to reject them as worthless. What we still need in addition is the publication, from time to time, of the results of our experience and their collation and systematic arrangement. It is in this way that remedies whose pathogenesis, when originally published, was scanty, fragmentary and conjectural, have come to present so goodly an array of symptoms, well confirmed, as many drugs now exhibit. For this purpose time and experience are indispensable. To this end, moreover, it is necessary that the original proving, however imperfect, be published in its fragmentary state; for how can it ever be perfected unless the little that is already known be laid before the medical public as a subject for experiment and observation.

Leaving the abstract scientific questions as determined by the evident common consent of the profession which eagerly seeks for new remedies to combat diseases hitherto incurable, and which would, at the same time, gladly welcome the scientific elaboration of remedies already known, should any such appear in the columns of the Philadelphia Journal—you pronounce many of the recent provings worthless trash, usurping the place of really scientific provings, and absorbing, in their study, time which the practitioner might more profitably devote to the study of the polychrests.

One might naturally enquire, of *what* scientific provings does this "worthless trash" usurp the place, since the pages of the *Materia Medica* are open to all applicants, and the profession have already shown with what eagerness they welcome new remedies, in the reception they have given to Lachesis, Apis, Glonoine, &c. But *you* were able to ascertain the worthlessness of this trash by a *glance so hasty* that you failed to note correctly, not merely the potency in

which the substance whose proving you have selected as the basis of your essay, was proved, but even the name of the substance itself. It is obvious, therefore, that a similar study will not absorb much of the practitioner's time, nor seriously impede his study of the polychrests. And it might be well, in this view, not to reject these provings from the *Materia Medica*, for it is just possible that some physician may find in them, though stamped by authority as worthless, some valuable symptom, and by and by the remedy may be found to cure *something*. For you remember that nothing can be *certainly* known of the value of a remedy until experience shall have tested the truth and significance of the symptoms.

But you not only condemn, in general terms, the recent provings; you descend to particulars, and I am sorry to say, it seems as if your object were to attack a colleague, whose labors to perfect the *Materia Medica*, whether wisely or ill-directed, have certainly been arduous. This prover's selection of subjects to prove, is pronounced eccentric and outlandish; the provings carelessly and ill-conducted and the symptoms worthless; while the prover is censured for not busying himself rather with the *reproving* of old remedies.

As for those remedies, proved by him, which have been long before the public, the selection and the accuracy of the proving have been perfectly vindicated by the success which has attended their administration in appropriate cases; while, with reference to the latest, the *Simulus cyclops*, scientific grounds for believing that it might prove a valuable remedy are to be found in the following facts. The blood was supposed and found to contain *copper*. It is known that inorganic substances are much more active in their action as drugs, after having been subjected to the action of living organs, than under other conditions; e. g. *Calcareo carbonica* (from the oyster shell) as compared with *Calcareo mineralis* (mountain limestone.) This alone would authorize the expectation of important results from the proving, even were there not on record most interesting cases of poisoning by fish whose blood contains copper. And these reasons are quite as good as those which induced Hahnemann to undertake the proving of *Graphites* and of *Sepia*, substances which, were we not familiar with them, would seem, under the names of *Pencil lead* and *cuttle fish juice*, quite as outlandish as *Simulus cyclops*, under the name of crab juice, does to the editors

of the Philadelphia Journal. I need not allude to the interesting physiological questions raised and in part determined in the valuable introduction to this proving. They have evidently escaped your notice. The origin of this substance seems to have disgusted you; *you* would confine your researches to the Vegetable Mineral Kingdoms. I wonder at this limitation, seeing how valuable remedies we already possess from the Animal Kingdom; nor can I understand your disgust, when I compare this blood of the crab, with the black cuttle fish juice, known as *Sepiæ*, or the dead fly, *Cantharides*, (remedies which you would rank as polychrests) to say nothing of the bed bug, so valuable against miasmatic diseases, or of *Lachesis* and *Crotalus*. As for the *manner* of the proving the 30th attenuation, instead of being the only one used, as you allege, was not employed at all; the proving was made chiefly with the first trituration; sometimes the third was used. It is true, nevertheless, that the proving cannot be regarded as complete until higher potencies shall have essayed.

Fault-finding such as this, is indulged in against a man who has done more than any man living to extend the limits and exalt the scientific character of the *materia medica*, and some of whose labors have made us acquainted with remedies indispensable in the treatment of diseases peculiar to our continent;—indulged in by some of us whose names are not to be found on the pages of the history of our *materia medica*, as the authors or discoverers of any good thing, however small! Admit, if you please, that his labors *might* have been directed, with profit to his colleagues, to the reproving of old drugs. This much is certain, that new remedies are needed as well, and since he has already proved in so distinguished a manner his ability to work in this field, it might with propriety be left to *him* to select the scene of labors which are to benefit his colleagues quite as much as they will glorify himself. Having selected for himself the task of proving new remedies, he leaves the other field open for those who feel its importance—for his censors if they please. Admit even that he has proved a substance which will be worthless as a remedy; that he has thrown away time and labor—yet, nevertheless, his former works have been far more numerous and arduous, and fruitful of practical good, than those of any other living prover, and censure on this score from those who

have themselves contributed nothing to that science for which he has done so much, must call forcibly to mind the righteous sentence, "Let him that is without sin among you first cast a stone."

CARROLL DUNHAM, M. D.

Brooklyn, Sept. 1, 1854.

REMARKS.

It would be our pleasure to let the above communication pass without a single remark, were it not for the simple reason that we believe our worthy correspondent has entirely mistaken the scope of our August editorial, to which he alludes. That the article is an "*unlooked for attack upon the efforts that are now being made for the perfecting of our materia medica*," is as strange to us as to him. We have endeavored to ascertain from a number of the distinguished members of the *American Provers' Union*, whether they regarded our remarks in the light of an assault upon that respectable body, or any individual member connected with it; and much to our satisfaction, we found ourselves understood, as we intended, in quite a different manner; before we proceed to consider the remarks of our correspondent further, we will state without qualification, that nothing was more foreign to our minds, than the forced construction he has apparently given to our language. *We disclaim entirely, any intention of personal allusion in the direction which he supposes, and much less, to the systematic efforts that are being made to improve the materia medica.* That we need new remedies, is a question not at all denied in the article alluded to. It is true, we alluded to the seeking of new remedies, to the exclusion of thorough researches concerning the remedies we already possess, as a practice not to be universally commended, and by this remark, we intended to convey the idea, that possibly, some had sought to originate remedies, who knew but very little of the nature of homœopathic remedies at all, and for such we intended our remarks, and we will say to our correspondent, if *he* has never known any instances of the kind, we think we have, and we still adhere to our opinion, that it is a *mania* for something new, that operates very materially against a careful study of what we already possess; but we do not ask him to endorse our opinion, neither will we find fault with him for entertaining a different view of the matter.

We have long entertained the opinion, that every practitioner can improve his skill, by proving the remedies he administers upon himself. The discovery of Hahnemann, is similar to that of a mathematical problem, which every one must work out, in order to understand; and to consummate an end so desirable, it is not necessary that every member of the profession should have his name at the head of a proving of something entirely new.

It may be the peculiar province of some, to conduct the proving of entirely new substances, but *such are by no means the most likely to be ignorant of the scope of what has already been proven.* To acquaint ourselves with the characteristics of remedies, requires that we should avail ourselves of the recorded experience of others, confirmed by experimentation upon ourselves and friends, together with as much clinical experience in the application of the remedies, as opportunity affords. Will our correspondent maintain that this latter class is in any respect, of less service in the cause of science, than the former? Unless we are mistaken, the *American Provers' Union* was got up for the reproving of remedies already catalogued in our *Materia Medica*, as well as of new remedies; and not one word have we to utter against the enterprise, for we still assert, that many of the remedies which we already possess as having been proved, are nearly worthless, as at present recorded in the *Materia Medica*; it matters not to us, who were the reputed provers, so long as they possess so little value as to render them practically useless, we call them *trash*, that should never have had a place among the reliable provings; and we really think it quite time that our *Materia Medica* should be revised, and more extended, and new provings of very many of the remedies should be instituted; and we are glad that the *Provers' Union*, as well as many distinguished members of the profession, have had their attention directed to the important work. We mean nothing personal, when we reassert that it has become a *mania* with some, to augment the number of remedies. Men who have no claim on the account of an extensive knowledge of the *Materia Medica*, and too lazy to study it, sometimes treat us to a proving of a *new remedy*, which would puzzle the most experienced practitioner to make any use of whatever; and moreover, the article proved, in many instances, only comes to us by its name,—no account whatever, of the mode of preparation,—nothing to enlighten us concerning the quantities, and in fact, nothing whatever to commend it as a reliable or scientific proving, because there is no way pointed out for the further confirmation and proving of the article. Now our correspondent need not feel sensitive on the account of this remark; we do not mean him, nor any distinguished friend of his, who, as he asserts, “has done more than any man living to extend the limits and exalt the scientific character of the *Materia Medica*,” but our remark is intended for those, if there are any such, who would envy the well-earned reputation of the individual because of his reputation as a distinguished prover, and who, though they are ill-qualified and inexperienced in the work for which *his particular genius and susceptibilities fit him*, stand ready to pluck laurels from his brow, by assuming to do as he has done, for the sake of *becoming distinguished too*. If no one has been guilty of this aping, our remark will do no harm. Now with regard to the *crab juice* or *simulus cyclops*, we intended no allusion whatever. In

our haste in writing, we said, "*one hunts for some filthy secretion of the crab*," we should have said the *terrapiu*,—for the bile taken from this animal has been manufactured into a medicine, it is said, of unusual virtues in kidney diseases. We cannot say that such is not the case, for we have never tried it; neither do we know who originated the remedy; we merely cited it, as an example of seeking out-of-the-way things, because it happened to strike our mind at the moment. We also alluded to the manufacturing of remedies from the corruption of filthy excrescences, without commending the practice, and we ask, "what kind of notoriety is sought for by those who will forego the advantages of the vegetable and mineral kingdoms for the sake of procuring the matter of scorbutic difficulties, in order to find a remedy for scurvy?" It appears from this question, our correspondent says, "*You would confine your researches to the vegetable and mineral kingdoms*,"—but this is a perversion of our language: for we know, and he knows, that *vegetable and mineral medicines*, have both been found of the utmost utility in scorbutic affections. Not one word is said about confining our researches to these two kingdoms for medicines in general, and further on in the article, we allude to the illimitable resources of nature, that may contribute to the augmentation of the *Materia Medica*, without the necessity for seeking the cast off dregs of disease, which we were pleased to style as unheard of. We were by no means ignorant of the rich contributions to our *Materia Medica* from the animal kingdom; but to sum up in a few words, we will state what we intended by our remarks.

1. We intended to call attention to the fact, that Hahnemann's discovery was more to enlighten us in the method of turning to a valuable account what in all ages of the world have been considered as materials of medicine, than to cause a multiplication of them.

2. We wished to impress the idea, that nature never intended the cast off filth of disease, to be incorporated into the *Materia Medica*, and that a resort to materials of the kind, was evidently furnishing weapons for our opponents, with which to assail our cause; for who would not feel disgusted, at the idea of taking the filthy corruption which the system has cast off as worthless, during its struggle to rid itself of impurities.

3. We also intended to discourage the practice of using drugs that have not been proved, as a mere matter of experiment, in diseases that plainly indicate the use of well-tried and reliable medicines that have been duly proven. We did so, because we have known of several instances among homœopathic practitioners, where such practices have been indulged in.

4th. We wished to inculcate the idea, that physicians who have recently embarked in the profession, would render themselves more serviceable, by attentively studying the well-tried remedies in the *Materia Medica*, before

they enter into competition with old and experienced provers, in the originating of new remedies.

5. We intended to advance the idea, that the mere proving of a new substance was not essential for every one, in order to constitute him an industrious co-worker in the improvement of the *Materia Medica*. It cannot be denied, it seems to us, that some are admirably fitted for originating remedies; some are better fitted for elaborating the provings of them,—while some are particularly fitted for working out the problem of making a clinical application of them in the treatment of diseases, and we see no reason for the elevation of any one of these classes, as being exclusively the scientific, to the detriment of the others.

If there is any reliance to be placed upon human testimony, there are a class of physicians in the community, who claim to be the homœopathic physicians *par excellence*, who do not scruple to tell their patients, as opportunity offers, “that nobody uses the remedies which they use,—nobody understands them, and nobody but themselves understands how to use them; that they are the originators of their art, and that all knowledge centres in them; and not unfrequently, it turns out, that these *original geniuses*, the practitioners in unheard of, outlandish and marvellous things, have no claim whatever, to be considered as men educated for the profession which they have espoused. We intend these remarks for those to whom they apply; such as lose no opportunity of imparting an impression, that they, above all others, possess an extensive knowledge of remedies. We are aware, that such men, by operating upon the credulous, may obtain an ephemeral reputation, but their course is not to be patterned after by honorable men.

If we are charged with “*fault finding*,” by pointing out such abuses as these, so be it. We are content with our lot. Since we have been connected with the profession, we have tried to be industrious in working out, in our humble sphere, the problem of homœopathy, in order to disseminate its principles; and although we have not been idle in the testing of remedies, as some might suppose, because we have withheld our names as the authors of new remedies, we nevertheless, have been diligently at work on the scientific plane of homœopathy, and the time may come, when we shall offer for the consideration of the profession, some of the results of our own provings; until then, we shall not demur at being told that our names are not classed among those who have originated remedies for the benefit of the profession. It is our wish to do right, or not do at all; and we cannot help thinking, that the nine *commandments* that require us not to do—while there is but one that requires us to do,—may have an ominous application, even in the publishing of medicinal provings, to be inserted in our *Materia Medica*.

In conclusion, we will repeat what we have elsewhere stated, that the

able *contributors* to this journal, are by no means required to endorse our sentiments. Neither shall we consider ourselves responsible for their sentiments. Men cannot always think alike, nor work alike, and we should be sorry if they did; but the promulgation of different views, will serve to awaken an interest in important matters, that may be the precursor of new and truthful views in medicine.

NOTE.—We stated in our editorial of the August No., that “One hundred Polychrests, studied, tried, proved, and studied again and again, is the work of a life time.” By the term *polychrests*, we intended to designate such remedies as are known to possess many virtues, and susceptible of being variously employed in the treatment of diseases.

NEURALGIA.

BY D. F. BISHOP, M. D.

THIS is an affection of the nervous system manifested principally in the function of sensation, but little affecting the power of thought or voluntary motion. It consists of pain of a twinging, piercing character, felt in some part or through the course of the nerve, unattended with swelling, inflammation or a change of structure. The pains are sometimes excessively severe and troublesome, generally occurring suddenly, and in paroxysms of short duration, and frequently a regularity in the attacks may be observed, with intervals of a few seconds or hours, but even days may elapse between the recurring paroxysms. The disease may occur in any part of the system, but it is most frequently found in the head and face in the forms of hemicrania, tic douloureux or prosopalgia. Certain forms of angina pectoris and gastrodynia may be named in this class of disorders, and sciatica, if a result of irritation or disease in the nervous trunks or nervous centres, is more a neuralgic than a rheumatic pain.

That form of neuralgia called tic douloureux, is situated in the facial branches of the fifth pair of nerves, and is very often confined to the infraorbital portion of the second branch, or superior maxillary nerve. When the first or ophthalmic branch is affected, the pain is more widely diffused over the forehead, the eyebrow, the upper lid, and sometimes the pain extends to the eye ball itself. The patient thus affected closes the eye during the paroxysm,

corrugates the brow, the neighboring arteries are seen to throb, and tears gush copiously from the eyes, the conjunctiva becomes reddened, and after repeated and long continued attacks the vessels are permanently injected. When the inferior maxillary, or third branch of the fifth pair of nerves is affected, the pain radiates from the mental foramen to the lips, the alveolar processes and teeth; to the side of the tongue and chin, frequently stopping exactly at the symphyses.

During the paroxysm in some extreme cases, the features become frightfully distorted, and the jaws are spasmodically and rigidly fixed. Such symptoms always pass off during sleep, but are provoked again by very slight causes, as shaking the bed on which the patient is lying, speaking abruptly in the room, a current of cold air, a slight touch, &c. The pains of neuralgia generally are mitigated by pressure of the parts affected, by warmth, and are better during rest.

The diagnosis of this affection may sometimes be rendered quite difficult, inasmuch as the causes which contribute to it are so numerous, frequently eluding observation. The causes of disease generally, are obscure, and the physician finds himself lost in a world of speculation and hypothesis, when he attempts to solve all the mysteries, or search for the hidden things which belong to medicine and man. That "fearful and wonderful structure," the human system, is beautiful in symmetry, definite in its proportion, and subject to laws which govern its being, and yet we cannot measure its operations nor calculate its destiny. The deviations from health, which we term disease, are various and complicated, and although the reasons for certain changes cannot always be ascertained, nor the freaks of nature be accounted for, still, in treating diseases, whether homœopathically or otherwise, we ought, if possible, to trace out the connection between cause and effect, and as far as proof can be admitted or truth become apparent, the nature of the cause must indicate or modify the treatment.

For example, in the treatment of neuralgia it is not enough for the homœopath to know that his patient has sharp twinging pains in the leg and foot, of neuralgic character, it may be simply nervous sensibility and pain, referable to no appreciable cause or condition, and it may be the result of a femoral aneurism, making pressure upon the nerve in that vicinity, which will of course be entirely

relieved when the aneurismal sac is removed by proper treatment. Or it may be the result of disease of the brain or spinal marrow, and this pain may even be sympathetically communicated through the medium of the nervous centres. It may come from diseased bone exostosis, ossification of arteries, &c. Thus the treatment of these affections must be almost as varied as the cases which present themselves, if mechanical pressure or irritation be the cause, means adequate to the removal of such irritant will be proper treatment. If dependent upon some dyscrasia, or if the neuralgic pains are but symptoms of constitutional or local disease, relief will be obtained only in the cure of the original malady. Sir Astley Cooper, and some others, have divided the trunk of the painful nerve, with the view of cutting off nervous communication. This experiment was at first attended with some little success, but has entirely failed in a great number of cases. A cupuncturation has relieved the severity of the attack in many instances, and has sometimes been successful in the complete removal of the disease. Limbs have been amputated for the cure of long continued, local nervous affections of the extremities. The above measures would be adopted only as a last resort, when other means had failed, and may prove to be successful treatment, when the affection is dependent upon some local and permanent cause, as exostosis of the bone, ossification of arteries, &c.

But with well selected homœopathic remedies we may expect very generally to relieve our patients, and often to make speedy and permanent cures. The pathogenesis of our well proven drugs correspond closely to the manifestations of this disease, and perhaps in no instance is the potentized and dynamic power of medicine more beautifully and satisfactory shown than in the treatment of these affections with the "higher" and "highest" dilutions. Remedies as Bell. and Arsenicum have been used of the 200 to the 4000 potency, with the best possible success. In fact, the "low dilutions" are considered comparatively useless.

In idiopathic tic douloureux we have the following indications:

Aconitum, when there are violent stinging pains, especially at night; face swollen, red or flushed; redness of one cheek and paleness of the other; distortion of the facial muscles, with tingling pain; cramp-like and piercing pain in the lower jaw; local heat and redness; nervous excitability, with mental anguish; increased

arterial action. This remedy is also much used in "old school" practice.

Arsenicum. Pains are tearing and excruciating; great anguish of mind; furious despair; inability of the patient to describe his symptoms; burning pain, with thirst; excessive weakness, with necessity to lie down; weakness disproportioned to the causes; symptoms are aggravated at night.

Belladonna. Twinging, burning pains, with redness and heat in the face; pain in the infraorbital nerve, propagating itself over the cheeks to the nose, and to the zygomatic processes, also through inferior trifacial nerve to the lower jaw and teeth; intolerance of light and noise. Pains are aggravated by rubbing the seat of suffering; by movement; and are worse in the evening and before midnight. Suitable to persons of sanguine temperament, florid complexion, blond hair, &c.

Bryonia. Similar phase of symptoms to Bell. in a bilious temperament, dark complexion, black hair and eyes, passionate, irascible temper, disposition to rheumatism.

Chamomilla. Drawing pulsative pains, with sensation of torpor of the affected parts; redness and burning heat in the face, particularly of the cheeks; one cheek hot and the other cold; excessive sensibility; convulsive movements and twitching of the facial muscles and lips; bloated face; irascible and quarrelsome dispositions.

Ignatia. Convulsive twitching and distortion of the facial muscles; spasmodic closing of the jaws; tearing pains from within outwards; pale face; profuse watery urine; the pains are worse after a meal, on lying down in the evening, and on rising in the morning; slight mitigation from a change of position.

Kalmia latifolia. Pressing pain in the right side of the face; severe stinging pain in the bones of the face; worse while moving about, and disappear while lying.

Mercurius. Lacerating pains in the face; swelling of the cheeks with violent pain in decayed teeth: elongation of the teeth; profuse nocturnal perspiration without affording relief; yellow complexion of the skin; red blotches on the cheeks; the pains are intolerable at night while in bed, and more frequently occur in the left side of the body.

Nux vomica. Adapted to persons leading a sedentary life,

literary men and students, melancholic temperaments, and also to those addicted to the use of spirituous liquors, coffee, &c.; symptoms are worse early in the morning, and after a meal, and are aggravated by mental excitement.

Platina. Face pale and sunken, or burning heat and redness; numbness in whole right side of the face; constrictive digging pains in the malar bones, and mastric processes; pulsations in the jaws.

Pulsatilla. This remedy the antipode of Nux in temperament and character of the patient is best adapted to females of light complexion and light hair, blue eyes, fair skin, &c.; alternate chilliness and heat; darting pains, which move rapidly from one part to another; soreness of the face and of the whole scalp; symptoms are worse in the evening on lying down, and during repose; amelioration in the open air.

Rhus. Face red and swollen; burning heat in the face followed with vesicular eruption; the pains are drawing or piercing; or pain, as from subcutaneous ulceration; worse during repose and in the open air; mitigated by movement and warmth; patient disposed to melancholy and sadness.

In addition to the above remedies, others will also prove serviceable, as, Coloc., China, Sulph., Aurum, Mez., Hep., Spig., Staph., Lyc.

If the above indications are but symptomatic of other disease, remedies adapted to the primary affection must be selected.

If from derangement of the digestive functions, Nux, Puls., Bry., Ipec.

If dependent upon menstrual effort, Sabina, Sepiæ, Puls.

If the result of external injury, as accidental and surgical operations, Am., Rhus, Calend., Hyper. For against mercurial affections, Aurum, Hep., Nitric ac., China, Thuja.

ACCOUNT OF EPIDEMIC YELLOW FEVER IN A COUNTRY NEIGHBORHOOD.

BY DR. D. S. OLIPHANT.

IT was the fortune of the writer to reside in Natchez, Mississippi, during the summer of 1853, a season long to be remembered through the south-west, for the fatal ravages of Yellow fever.

It is not my purpose to repeat the well known statistics of that disease in Natchez, so well presented to readers of the magazines of our school, in the able report of Dr. Holcombe, the associate of Dr. Davis, in Natchez. But some facts connected with the fever and its treatment, *in a country location*, may throw a ray of light on the nature of so fearful a disease, or at least contribute a degree of evidence that under any circumstances the law of Homœopathic medication is a safe and sure guide in the treatment of the most terrific diseases that flesh is heir to.

During the height of the epidemic I remained in Natchez, assisting in attendance on the more critical cases of Yellow fever, occurring in Homœopathic families. For several years I had abandoned medical practice, on account of feeble health, and had not the urgency of the case impelled me, I should have remained an indifferent spectator of the struggle between the several schools of medicine. But the calls of my friends for aid, at this trying crisis, forced me to active duty, and gratitude to Dr. Davis, for his kind attention to me, personally, during a relapse of Yellow fever, induced me to give him all the aid I could as nurse and assistant in his most important cases.

In the midst of this duty, and in answer to a sudden and urgent summons for aid in a country neighborhood, about thirty-six miles distant, at the instance of Dr. Davis, I left Natchez, and hurried to the scene of my labors in Jefferson county.

Arrived at my destination, I learned that so fatal had the disease proved, that the neighbors, mostly cotton planters, had formed an association for mutual aid, and at their daily meetings were contributing funds upon a liberal scale, and devising every practicable means to provide efficient nurses and other aid for suffering families. A rigid system of *non-intercourse* was established as far as possible, while all material aid and comfort was liberally supplied. A few Homœopathic families, however, preferred the counsel of a Homœo-

pathic physician. Hence the application to Drs. Davis and Holcombe for advice. But it was a question whether the association, as such, would employ any one in the capacity of Homœopathic physician. I am happy to say that this apprehension proved groundless, and my services were engaged by the association for the benefit of those families who desired that treatment, or who had been known at any time to favor it. And let me say in this connection, that from the first to the last of my stay in the neighborhood, I was treated with great kindness and courtesy by the bitterest opponents of Homœopathy, and even openly complimented on my success, by the oldest Allopathic practitioner in the county, who was also a member of the association.

The first place to which I was sent, was in a deplorable condition; scarcely an adult, white or black, was able to be of any service. Nine persons, including the proprietor, his oldest son and daughter, a married lady, a boarder in the family, and five negroes were down with the fever in various stages. Besides, there were three cases of intermittent fever, which might readily merge into Yellow fever. A physician (Allopath,) had visited the family twice, and the large doses of mercury and quinine, aided by other remedies, self-administered, had so aggravated the disease and complicated the symptoms, that the father and his eldest son were already past hope. They died with black vomit in a short period after I first saw them, having been already sick upwards of sixty hours. The remainder of the family recovered; the disease, especially in recent cases, readily yielding to the proper remedies. At the same time I was attending several cases in another family, near at hand, where, owing to great care and the closest attention to directions and treatment on the part of the lady at the head of the family, no cases were lost, though one had black vomit for several hours; and another, a negro man, was attacked with hemorrhage, usually a fatal symptom in males, occurring either from mouth or anus, or both.

I was next invited by a planter, not a member of the association, to visit a sick negro girl at his quarter. He informed me that he did not know why the girl did not get up, since he had been assured by a young Allopathic physician, a few days previous, that nothing was the matter with her, and that she might pick cotton if she would. I can hardly describe his astonishment when I reported the

girl *dying* with Yellow fever, and that a few hours would end the scene. Alarmed at this, he invited me to visit the rest of the quarter, which I did in his company, and found no less than nineteen cases of Yellow fever, mostly cases of relapse. I attended on all these, visiting them frequently night and day, and had the satisfaction of saving all except the little girl above mentioned, and a negro man, long sick, who obstinately refused to submit to his nurse, who was unable to remain constantly with him, having the whole nineteen in charge at once. Had I taken the precaution *to sew him up in his bed clothes*, as I afterwards did in similar cases, I am confident I should not have lost him.

It would be too tedious to mention the various circumstances under which I treated the cases which fell under my notice. I had to contend with many difficulties in the treatment of negroes in so fearful a disease, since even white patients could not, with rare exceptions, secure the attendance of white and intelligent nurses. Suffice it to say, that from September 22d to October 29th, a period of thirty-seven days, I treated seventy-three patients. Of these, forty-nine were either relapsed or original cases of Yellow fever, the remaining twenty-four were of various other diseases, mostly Intermittent and Remittent fever. Of these, I lost four only, viz.: the father and son, the little negro girl, and the negro man I have above mentioned.

At the commencement, I distributed Acon. and Bella. as prophylactics, among the Homœopathic families, and I am sure it was a wise measure, having seen repeated evidences of its good effect, even upon those who were in daily contact with the sick. The remedies, of course, varied with the ever varying symptoms. Weakness, restlessness, chills, nausea, acute pains in the back and limbs, also in the head and eyes, furred tongue, red at tip and edges, pulse full and hard, skin hot and dry, great tenderness of epigastrium, extreme irritability of the stomach, constipation of the bowels, urine scant and red, or very yellow. Such were the symptoms during the first forty-eight hours. These were usually succeeded by increased debility, small, frequent pulse, cold skin, dry tongue with brown coat and red tip and edges, increased tenderness of epigastrium, burning in stomach and throat, great irritability of the stomach, and vomiting of all its contents. If not arrested at this stage, there follow the more characteristic symptoms of the disease, yellowness

of skin and eyes, feeble pulse, sordes of tongue and teeth, hemorrhage from mouth, nose and bowels, hiccough, black vomit, dark stools, and death.

During the first twenty-four hours of the attack, Acon. and Bella. 3d, were usually called for, and were administered in dilutions of the tincture, five drops in 4oz. of pure water, teaspoonful doses every hour, alternating. During the second or nervous stage of the fever, Arsen. and Lachesis 3d were administered, with most happy effect, occasionally Coffea and Bella.; being required where the restlessness was excessive. In the third or congestive stage, Opium, Hyoscyamus, Ipecac., Veratrum, and Nit. arg., were principal remedies. Several cases in this stage, some of them highly malignant, proved the value of these remedies. One precaution I always used in administering Nit. arg., I made use of solution of 3d, dilution in 4oz. of water, and gave it *only immediately after the stomach was entirely emptied of all ingesta*. I seldom had occasion to administer a third dose; the vomiting of black matter being promptly suppressed, and the extreme tenderness of the epigastrium, greatly relieved. I took special care that the bowels should be kept in a solvent condition by enemas of pure water. I cannot too highly commend these enemas; say 4oz. of cool water, administered immediately after the dark gelatinous stools, usually accompanying black vomit.

A singular accompaniment or sequel of the disease in adult females, was the access of uterine hemorrhage. Dr. A. P. Jones, in his account of the epidemic, states that this was a *uniform* result. I did not find it so, still the hemorrhage was noted in several cases under my care. I further observed that the cases recovered by Homœopathic treatment, most readily regained their normal strength and health, and were less troubled with the usual sequelæ of this disease, organic diseases of the lungs, liver, spleen, or other internal viscera. It was, I think, generally admitted by friends and foes, that Homœopathic treatment of Yellow fever was remarkably successful, greatly excelling that of other schools in its results.

I found great difficulty in persuading the friends of the sick and some of the nurses, that the gastric irritation accompanying the second stage of the fever, *was not hunger*. The poor patient would beg for food, and when that petition was acceded to, hemorrhage or black vomit soon ensued. A case of such result, actually witnessed, was alone sufficient to convince the sympathising attendants

of the correctness of my opinion, and the necessity of abstaining from any kind of nourishment, save in a fluid form, and in very small quantities. I usually gave rice water, or chicken *water*, carefully separated from all greasy or solid matter.

It is certainly remarkable that a neighborhood, so uniformly exempt from epidemics of any form, should have been the scene of one so fatal as that of 1853. The locale is hilly, nearly all cleared, and thoroughly free from miasm, from decayed vegetable matter, in the valleys. Indeed, so healthy had it become, that I am told several practitioners had resorted to other occupations for a support. I quote from Dr. A. P. Jones' report the following numerical statistics: "Seventeen families, with their negro servants, became infected. In four, a solitary case occurred; in three, there were less than four; the others had some, as many as fifty, some as few as twelve. In ten families the fever was evidently propagated from individual to individual in the family, and in two families every individual (one infant excepted in each,) had it. Thirty persons, of all ages, sexes and colors, died; eleven adult white males, two adult white females, three, each adult male and female Africans; the remainder mostly were white children. *Some of these fatal cases were known to have had Yellow fever before.*"

The same writer, from whom I have above quoted, further remarks: "I regret to learn that the experience of the last season has much weakened the confidence of our most intelligent planters, and business men in the capacity of the medical faculty, either to teach them how to avoid the inroads of epidemics, or *how to cure them* when unavoidable."

I must be permitted to dissent from such an opinion, so far as concerns the Homœopathic practice and its adherents. Their confidence in the treatment has wonderfully increased, and my experience since I have settled here, as Homœopathic practitioner, has shown me that a careful adherence to strict Homœopathic remedies is sure to be followed by such success, that the confidence already reposed in the practice will never wane. I will not tire the patience of the reader by any crude speculation of mine on the question of contagion or non contagion in Yellow fever, whether sporadic or epidemic. Suffice it to say, that it would be hard to find non contagionists in this vicinity. Speculation on this point I leave to the learned gentlemen of the Allopathic school, who have for so many

years amused themselves and their adherents, by speculation upon speculation, on abstruse points in mere theory, while their patients were dying for want of *healing remedies*. I am proud of being an adherent of a school whose great aim and constant end is to ascertain the best mode of fulfilling our beautiful *law of cure*. May her march in practical philanthropy never be obstructed by men more devoted to theory than practice !

INTERMITTENT FEVER.

[CONCLUDED FROM PAGE 376.]

Are we homœopathists in a position to cure intermittent fever, *a*, surely, and *b*, quickly ?

a. To this question we must not only, in consequence of our experience, reply in the affirmative, but we must also assert that homœopathy can cure intermittent fever more surely than any other mode of treatment. In order not to be misunderstood, we think it necessary to remind our readers, that by the term "intermittent fever," we have the whole of the disease in view, and in speaking of the certainty of a cure, we do not take the quicker removal of one or another symptom into consideration. The latter, however, occurs more frequently in intermittent fever than in any other disease. All is thought to be accomplished when the return of a paroxysm has been prevented ; the quicker this has been effected, so much the better is the treatment considered ; in short, the removal of a symptom is regarded as equivalent to the cure of a diseased process. As the Cinchona bark is, in most cases, capable of subduing the paroxysm, and that too, often in a moment, it is adduced in preference to any other remedy as a cure for intermittents, when it is necessary to defend against sceptics the truth and certainty of the healing art. There are even not a few allopathists who are well aware that the paroxysms do not form intermittent fever, and that the latter is not cured, although the former may be removed. At the bedside, however, these practitioners will not own the improved experience ; they still continue to suppress the paroxysm by means of quinine. They do not trouble themselves in the least as to the results of so violent a therapeutical action, and they can as little resist the

opportunity of showing, by a symptomatic treatment, for an instant, the apparent power that the physician possesses of controlling nature, although not unfrequently he only procures a dangerous alleviation.

Such a remedy is not seen in our prescriptions. We have an entirely different and more difficult task to perform than the allopathists. We do not venture to treat our cases of intermittent fever symptomatically, but rationally; we do not venture to suppress the paroxysm, but to cure it, and with this view to bring back the whole organic system to its normal state. This, however, cannot be done at one blow, and the corresponding medicine is not ready to the hand, but must sometimes be long sought after, until it has been discovered in our medical treasury. Upon these grounds, and because the importance of attacks of fever are apt to be overrated, we endeavor to explain why many of our brethren are discontented with the homœopathic mode of treatment of intermittent fever; why they cast envious glances at the quinine bottle of the allopathists, and why, in our literature, there prevails a certain unmistakable aversion to entering upon the subject of intermittent fever, so that, with the exception of Hartlaub's, there are but few reports on record. And yet we homœopaths have every reason to congratulate ourselves on the result of the treatment in intermittent fever, because there are few diseases which admit of so certain a cure.

Those, however, who consider that an intermittent consists of the paroxysm alone, and that the removal of the latter is all that is required, will certainly not agree with us. We will not, however, allow ourselves to be led into error, for experience teaches us,

1st. That conditions very similar to the paroxysms of intermittents may be called into existence by very different causes, and at the same time may be attended by very different pathological states. For example, simple nausea, or a residence in marshy land, partaking of unusual food, or of too large a quantity of the latter, blows in the region of the spleen, catheterisation, and the pressure of morbid products on the ganglionic system, are each productive of fever of an intermittent type. The latter is equally attendant upon tuberculosis, pyemia, &c., and therefore does not exclusively appertain to true intermittent fever.

2nd. That the paroxysms of intermittents often last for months with considerable violence, without nevertheless diminishing the

powers of the patient sufficiently to prevent him from following his occupation in the intervals. On the contrary, in other instances, the patient suffers from severe indisposition, although the paroxysms may have only occurred for a few days, and with moderate severity. In the most severe forms of intermittent cachexia, the paroxysms are either entirely wanting, or are not properly developed; the cachectic condition more frequently makes its appearance when the paroxysms have been entirely suppressed. Hence it follows that there is no necessary connection between the disease and the individual paroxysm. The justice of this remark may be substantiated by the fact that the cachectic condition which follows intermittents, in consequence of the suppression of the paroxysms is much more severe than that which gradually results from the fever itself, owing to the association of the drug-disease, causing in some measure a double malady.

It is upon these grounds that we feel ourselves justified in estimating less highly the importance of the paroxysm, and in placing little value in its disappearance, inasmuch as the least indication of of its presence shows that the intermittent is not cured. We are of opinion that the speedy removal of the paroxysm is alone necessary, either when it has been present from the beginning, or when it is the sole symptom of the complaint, or when it exercises a visible effect upon the general health.

Experience has led us to conclude, that it is the affections of the vegetative sphere in intermittent fever which demand the first attention.

In their increase or decrease we observe the progress or subsidence of the disease. Although the other symptoms may have long disappeared, yet their existence is to us a proof that the intermittent has not been fully or permanently cured, and, according to the action of a medicine in the removal of these affections, have we estimated its value. In this respect, our antipyretic remedies leave nothing to desire. We have never remarked that only a part of these affections had yielded to the homœopathic treatment; on the contrary, we have effected their removal in almost all cases, although of very long standing and in extremely reduced individuals.

We cannot, any more than other hospital physicians, guarantee the permanency of the cure of all the cases of intermittent fever discharged from our hospital, but perhaps we can do so with more

certainly than they can, and for the following reasons. The nurses of our hospital are of the order of the Sisters of Mercy. All the world knows the great reputation which this pious order has gained in relieving suffering humanity; we, therefore consider it superfluous to remark, that in respect to careful attendance, the patients could not be entrusted to better hands, and that in case of fresh illness, they esteem themselves fortunate if they can gain re-admission. Notwithstanding this circumstance, we had only 3 cases of relapse. No other, with these exceptions, came under our notice, although 8 were subsequently re-admitted suffering from other diseases; 8 others were treated as out-patients for various diseases, and we were in a position to ascertain the health for some months of 5 other persons whom we had treated for very obstinate intermittents.

If the above should not be sufficient to render the permanency of our cures very probable, we will endeavor to make it certain by a comparative review of the mode of action of the remedies administered on homœopathic and allopathic principles.

Most of the allopathic cures of intermittent fevers are the results of a sudden change of the system, or a violent action upon the latter. Thus, in our opinion, are to be explained the effects of nauseating and purgative remedies. In the large doses in which quinine is given, it can only act as an alterative, and not from any specific quality. In this manner, the paroxysm may be suppressed, and sometimes the case may be cured by the efforts of nature, but as the entire vital process has not been affected in a uniform manner, but only subjected to a violent disturbance, it therefore happens that the cure is constantly doubtful, and frequently incomplete.

No similar change or violent disturbance can be produced by homœopathic treatment. The remedies chosen after the law of similarity, and given in infinitely small doses, can only cure intermittents by acting uniformly on the entire organism, and especially by their peculiar and close relation to the diseased organ or system, they are enabled to restore the disturbed harmony of the functions to their normal condition. When this is effected, the paroxysm must cease of itself, because the conditions are removed which brought it into existence; the cure must necessarily follow, and this cannot be otherwise than complete and permanent.

We have no reason to envy the allopathists their fever remedy

although we cannot with the same certainty hinder the return of a paroxysm; we have still less cause to do so, for the rapid disappearance of the latter often causes much injury; the resulting case frequently deceives both patient and physician, and the disease is quietly allowed to progress, and reappears sometime after in a greater degree of violence, and often in a form beyond the reach of art. In other instances, where this does not occur, a cachectic state follows the use of quinine, which is sometimes incurable.

The paroxysms are not suppressed by homœopathic treatment, but simply cease, because the disease is reduced to the last degree, or is really cured. As we are not in a position to give any information as to the real duration of the disease, owing to our not seeing the disease at the commencement, we must therefore direct attention to the number of paroxysms, in answer to the question, whether we homœopaths are able to effect a rapid cure of intermittents.

After the administration of the homœopathic remedy,

There appeared no paroxysm in 11 cases.

"	1	"	12	"
"	2	"	9	"
"	3	"	8	"
"	4	"	6	"
"	5	"	2	"
"	6	"	4	"
"	7	"	3	"
"	8	"	1 case.	
"	9	"	2 cases.	
"	10	"	2	"
"	11	"	2	"
"	12	"	2	"
"	13	"	3	"
"	14	"	1 case.	
"	15	"	2 cases.	
"	16	"	1 case.	
"	18	"	3 cases.	
"	21	"	1 case.	
"	25	"	1	"
"	26	"	1	"

Total 77 cases.

From these figures it is evident that in respect to the rapidity of cure, we may most satisfactorily enter into the lists with our rivals, for including those cases in which 7 paroxysms occurred, we shall then have 55 quick recoveries to 22 retarded. As to some of these cases, we do not think we are open to any reproach, for there are many intermittents in which it is beyond the reach of possibility to effect a rapid removal of the paroxysms. Nevertheless, we were frequently to blame in allowing the paroxysm to recur so often, because we had not chosen the right remedy, and even that choice had been made in accordance with the old system, until experience had taught us a better way. Had we not committed this error, we should have been able to give quite a different report; for after the last remedy, correctly chosen,

No paroxysm appeared in 19 cases.

1	"	"	16	"
2	"	"	14	"
3	"	"	13	"
4	"	"	7	"
5	"	"	1	case.
6	"	"	3	cases.
8	"	"	1	case.
9	"	"	1	"
10	"	"	2	cases.

Total 77 cases.

We have thus in 62 cases obtained signal results from our remedies. Had we used the last chosen medicine at first in the other 15 cases, we should have obtained a result unattainable by any other method of treatment.

The following tables will show what remedies we employed; which were followed with beneficial results, and which effected the most, and quickest cures.

We employed Arsenicum 34 times, and 20 cured.

"	Pulsatilla	27	"	"	17	"
"	Nux	30	"	"	14	"
"	Veratrum	14	"	"	10	"
"	Ignatia	12	"	"	4	"
"	Ipecac.	9	"	"	6	"
"	Natr. Mur.	8	"	"	1	"

We employed China	7 times, and 3 cured.
“ Lycopodium	3 “ no result.
“ Belladonna	3 “ “
“ Ferrum	2 “ “
“ Asarum	1 “ “
“ Carbo. veget.	1 “ “

Total, 77

After Arsenicum, there was no paroxysm in 4 cases.

“ “ “ 1	“ 4 “
“ “ were 2	paroxysms in 4 “
“ “ “ 3	“ 4 “
“ “ “ 4	“ 2 “
“ “ “ 5	“ 1 case.
“ “ “ 8	“ 1 “

After Pulsatilla there was 0 paroxysm in 3 cases.

“ “ “ 1	“ 3 “
“ “ were 2	paroxysms in 5 cases.
“ “ “ 3	“ 1 “
“ “ “ 4	“ 3 “
“ “ “ 10	“ 1 case.

After Nux vom. there was 0 paroxysm in 5 cases.

“ “ “ 1	“ 5 “
“ “ were 2	“ 2 “
“ “ “ 3	“ 1 case.
“ “ “ 4	“ 1 “

After Veratrum there was 0 paroxysm in 4 cases.

“ “ were 2	paroxysms in 1 case.
“ “ “ 3	“ 3 cases.
“ “ “ 4	“ 1 case.
“ “ “ 6	“ 1 “

After Ipecacuan. there was 0 “ 2 cases.

“ “ “ 1	paroxysm in 1 case.
“ “ were 3	paroxysms in 1 “
“ “ “ 6	“ 1 “
“ “ “ 9	“ 1 “

After Ignatia there was 1 paroxysm in 2 cases.

“ “ were 3	paroxysms in 1 case.
“ “ “ 6	“ 1 “

After China	there was	0	paroxysm	in	1	case.
"	"	were	2	paroxysms	in	1 "
"	"	"	3	"	1	"
After Natr. mur.	there were	10	"	1	"	
After Cina	there was	1	paroxysm	in	1	"
After Bryonia	there were	2	paroxysms	in	1	"
					Total,	77

We have made use of fifteen remedies, as the foregoing tables show. Among these there are five, viz., Lycopod., Bell., Ferrum, Asar., Carb. veg., from which we have obtained no results, and the choice of which must in every way be considered unfortunate; as, in respect to the rapidity of cure, they have caused no little injury to our numeral arrangement.

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THE HOMŒOPATHIC GUIDE in all Diseases of the Urinary and Sexual Organs, including the derangements caused by Onanism and Sexual Excesses, with a strict regard to the present demands of Medical Science, and accompanied by an Appendix, on the use of Electro-Magnetism, in the treatment of these diseases. By WM. GOLLMAN, M. D., Translated with additions by CHAS. J. HEMPEL, M. D., Fellow and Corresponding Member of the Homœopathic Medical College of Pa., Honorary Member of the Hahnemann Society of London, &c. &c. Philadelphia: Rademacher & Sheek, 239 Arch street. New York: Wm. Radde, 322 Broadway, pp. 309, 8vo. Price \$1 50.

This work is the most elaborate of any work yet published in this country upon the Homœopathic treatment of diseases of the urinary and sexual organs. From a cursory perusal of the book, we think it contains much that is valuable, upon the subjects treated of. *The first section* treats of the anatomical and physiological description of the urinary and sexual organs of the male and female. An attentive reading of which we have no doubt will amply repay for the time devoted. *Section second* treats of the diseases of "the sexual and urinary organs." The author has endeavored "to explain

the various disturbances to which these organs are liable, and to indicate the remedies which are capable of restoring them to health in the *quickest, safest, pleasantest, and most lasting manner.*" In the Appendix, the author has detailed his experience in the use of electro-magnetism in the treatment of diseases in general, and against sexual diseases and their consequences in particular, according to the method which he has followed for a number of years. Without praising the book for the good qualities which it may possess, we see no impropriety in commending it for the use of physicians who would find it undoubtedly a valuable addition to their libraries. The mechanical execution of the work is good, and makes a good sized volume. We hope the publishers and translator will be rewarded for their labors in proportion to the value of the work.

HOMŒOPATHIC PROVINGS, by J. W. METCALE, M. D. : pp. 417, 8vo.

This is a volume containing the provings of fourteen remedies, first published in the Appendix to the North American Homœopathic Journal ; a valuable addition, we believe, to the works on *Materia Medica*.

MANUAL OF HOMŒOPATHIC PRACTICE, *for the use of Families and Private Individuals.* By A. E. SMALL, A.M., M.D. : pp. 835.

This work has been arranged with considerable care, and we doubt not will commend itself for the purpose for which it is designed, better than any other now in use. W. A. G.

EDITORIAL.

A SINGULAR DISEASE.

FOR several years past, a singular disease has made its appearance in the latter part of August, afflicting several individuals in apparently a uniform manner, partaking somewhat of the nature of a catarrh. The subjects, for the most part, appear to enjoy good health, until suddenly interrupted by the appearance of the disease. The painful nature of the affection, together with its stubborn character, induces us to give a minute description of the malady, with the hope that some experienced and skilful members of the profession, have not only come in contact with the disease, but have found out the appropriate remedies for effectually abridging its duration.

The first case which we will describe is that of a lady about forty-five years of age, who for many successive years, has been attacked about the 20th of August, seldom varying more than a few days, with the following symptoms, viz. : constant itching of the eyelids, with burning or smarting sensation as if powdered capsicum had been thrown into the eyes, affecting the inner canthi, with sensation of fulness of the head, and stoppage of the nose, and irregular attacks of violent sneezing. These symptoms have usually lasted for two or three weeks, and sometimes longer ; when the attack would seem to leave the head and fall upon the chest, producing the most distressing weight on inspiration, and dyspnœa, with violent fluttering of the heart, almost unendurable. These symptoms would sometimes last only a portion of each day, alternating with the difficulty described as having occurred with the head, eyes, &c., in the incipient stage. When the sensations are experienced about the head, the chest seems to be free, and when the chest is affected relief is obtained from the head symptoms and the sneezing disappears ; when the disease is confined to the head, eyes, and nose, there is frequent sneezing and copious discharge from the Schneiderian membrane, redness of the conjunctiva, and sense of weight in the forehead, with more or less interruption of the sense of smell. Sometimes, when the disease falls upon the chest, the patient appears to be suffering from a violent paroxysm of asthma ; at others, she merely feels an oppression or violent palpitation of the heart. The duration of the disease, has usually been about ten or twelve weeks. We have treated this patient for six or seven years, and she has escaped only one year within the time, during which was a season of pregnancy ; and one year the attack, was attended with a severe erysipelas. In other respects, the disease from year to year, has assumed a uniform character. The temperament of the patient is nervo-lymphatic, of moderately full habit, though not of sufficient constitutional robustness, to be considered otherwise than as of a feeble constitution. When first called upon to treat this case, *Arsenicum* appeared to check the disease and afford the patient decided relief, but did not remove the difficulty. After the disease fell upon the chest, *Ipecacuanha* seemed to hold it in check and gave promise of effecting a cure, but the benefit appeared to be but temporary. Sometimes *Pulsatilla* has relieved the head and the paroxysms of sneezing, but only temporarily. *Nux vomica* has also seemed to have a good effect for a time, as has *Aconite* when there has been any febrile excitement. *Belladonna*, has sometimes relieved the head and other remedies have been attended with temporary good effects, but none seemed to change the condition of the system, so as to effectually abridge the duration of the disease. All the benefit that we have been able to predicate of our treatment, has been the mitigation of the violence of the symptoms, and the affording of temporary relief at times, until the disease

has seemingly spent its force and retired from the system of its own accord. But is there no treatment that will effectually change the state of the system, so as to steel it against the difficulty altogether?

The disease described as *summer bronchitis* or *hay fever*, has many characteristics in common with what has been detailed above; but such cases are described as occurring in the country from a diffusion of vegetable matter in the atmosphere, and mostly from grass; but in this case, which appears so uniformly at the same season of the year, this cause is not so apparent, because the patient resides in the city, entirely away from such influences, and besides, the season of her affliction does not tally with the *hay fever* season. What can be the cause of the malady in this case? Is it connected with the biliary organs, or with the function of any other apparatus in the organism? It seems to be desirable to arrive at some satisfactory solution of the matter, in order that some effectual remedial agents may be made available, and we hope some of our numerous readers will be able to throw light upon the subject, for the benefit of those who suffer from the difficulty.

The second case, is that of a young lady who has been similarly afflicted every year since the age of puberty; she is now twenty-three years of age; her health is usually good, and she appears to suffer from no other ailment; her difficulty has commenced on or about the 20th of August every year, with similar symptoms about the head, eyes, and nose, alternating with the most suffocating attacks of asthma and cough, which have many times threatened her with speedy dissolution. Treatment in this case, with various remedies, has been satisfactory as regards the affording of temporary relief, but it has appeared to have no tendency to abridge the duration of the disease, which has uniformly lasted six weeks.

The *third case*, is that of a married lady, aged thirty-two. She also, has enjoyed uninterruptedly, as good health as usual, until the 20th of August, for the last twelve years. She suffers from the fulness of the head, itching and burning of the eyelids, sneezing and discharge of thin acrid substance from the nose, and daily paroxysms of oppression of the chest, so severe as to cause the most intense anxiety. She is decidedly of the bilious temperament, and has often been relieved by *Mercurius*, *Nux vomica*, and *Pulsatilla*, &c.; yet in despite of all the remedies administered, her suffering has continued about the same length of time each year.

We have met with similar cases in males, of various ages and constitutions, all appearing at the same season of the year, having nearly the same symptoms, and of the same obstinate character.

We have heard of some cases, of the kind being effectually cured under homœopathic treatment, but most of those mentioned, have baffled the skill of a number of the most able members of our profession, and similar

cases, described in allopathic works, have been detailed as a kind of constitutional disturbance not to be interfered with. Such was the opinion of the late Dr. Physick of this city. But a Dr. Elliotson, of Bristol, England, who suffered periodically with the difficulty for several years, beginning about the first of June, was convinced of its resulting from an infected state of the atmosphere, which some disinfecting agent might subdue. *Chloride of Soda*, it is said, sprinkled on the floor of the patients' room, has been known to effect a cure. Our impression of the matter is, that a predisposition for the disease is laid in idiosyncrasy, which almost any exciting cause may develope at the time it usually makes its appearance, and we regret that our knowledge of remedies will not permit us to point out the reliable specifics that will procure for the suffering patients a radical cure of the difficulty. If any of our readers can, they will confer an immeasurable benefit upon numerous afflicted ones, by communicating the fact.

NOTE.—Since writing the above, we have used *Veratrum* in two cases, which seemed to afford almost immediate and permanent relief.

TO THE READERS OF THE JOURNAL.

We regret the necessity for offering an apology for several orthographical errors that were suffered to go forth uncorrected in some of the preceding numbers of the Journal, as well as for those of grammatical and typographical character. During the extreme heat of the weather and amidst the pressure of business, we were so severely taxed, that we inadvertently suffered many things to pass without a proper scrutiny, which, we trust, will place us more effectually on the guard for the future. In the present number, we publish communications from Drs. Holcombe, Oliphant and others, which we think will prove a source of interest to the readers of the Journal.

JUST PUBLISHED.

MANUAL OF HOMŒOPATHIC PRACTICE;

FOR THE USE OF

Families and Private Individuals.

BY A. E. SMALL, A. M., M. D.

*Professor of Physiology and Medical Jurisprudence in the Homœopathic Medical College of Pennsylvania,
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PHILADELPHIA JOURNAL OF HOMŒOPATHY.

VOL. III. — NOVEMBER, 1854. — No. VIII.

ORIGINAL COMMUNICATIONS.

INTRODUCTORY LECTURE

TO THE CLASS OF THE HOMŒOPATHIC MEDICAL COLLEGE OF
PENNSYLVANIA.

DELIVERED OCTOBER 11th, 1854.

BY J. M. WARD, M. D.

PROFESSOR OF OBSTETRICS AND THE DISEASES OF WOMEN AND CHILDREN.

[Published by request of the Class.]

GENTLEMEN :—

WHEN about to commence a course of mutual labors, such as those on which we propose to enter, no considerations arise in the mind with such vividness of reality, as those that concern the duties and obligations of both teacher and pupil.

This hour, to which time on its noiseless wing has borne us,—an hour ordinarily appropriated to the delivery of a scientific address, introductory to the course, we propose to devote to the consideration of those mutual duties and obligations. The feelings with which your teachers meet you, beloved pupils, as we extend to you our greeting salutations, would be simply feelings of pleasure mingled with those of pride and exultation—did we not look beyond this present hour;—but as we cast our eyes forward in contemplation of the vastness of the work that is before us, other feelings rise within us; the obligations devolving on those of *us*, that have assumed the trust of public teachers, and the duties you have voluntarily assumed in becoming pupils, make other feelings more befitting

than those of pride and exultation—sentiments more profound and heart stirring—reflections more serious, and on interests more enduring than the fleeting joys of an hour, occupy our minds—on *us* rests a weight of obligations—we assume to teach you all that is known of the various branches of medical science—to do this, too, in a way that you will be enabled most readily to comprehend what is taught.

But our obligations do not terminate here; they impose on us the task of presenting truth so *simply*, so *clearly*, that you will have no difficulty in *understanding* it—that it be so logically arranged, that you will be carried irresistibly from the premises to the conclusions,—*that* it shall be dressed in such a garb that you will be enticed in the pursuit, so that the returning hours of lecture, instead of being to you dry and uninteresting, shall be hours pleasantly spent in the acquisition of knowledge. In such a task there are every day difficulties that we shall have to encounter—difficulties enhanced by the consciousness that mental capacities far greater than we possess, would find ample scope in such a work—but with your indulgence we will strive cheerfully to encounter them. While such is the character of the responsibilities devolving on us, there are corresponding obligations resting on you, which, should you fail to acknowledge, would embarrass our labours,—obligations that on your part, call for the faithful employment of every moment of time appropriated to study, and the improvement of every opportunity you will here enjoy.

While it is our duty to *study* to instruct, it is *yours* to *study* to learn—to do so, implies on your part confidence and respect for your teachers, united with diligent attention to their teaching;—disregard these obligations, and you will vastly increase our work, and create within us a fearful certainty that when we have done all in our power, we shall have accomplished but half that we have desired.

Is it strange then, that under such circumstances, we find ourselves the subjects of solicitude—solicitude, such as men are wont to feel when entering upon the discharge of solemn trusts, though regarded as superfluous by generous confiding youth? That your own minds may be duly impressed with a sense of these *mutual* responsibilities, we shall attempt, in a familiar way, to spread out before you our own impressions of the value and importance of a

thorough acquaintance with medical science, and the importance of forming such characters, while fitting yourselves for the practice of the profession, as will secure your individual success, and the accomplishment of the great end for which you should enter that profession, viz., of rendering the greatest amount of good to your fellow men.

The profession to which you have devoted yourselves is in many respects a peculiar one—it is not only one of the most ancient; it is *now*, and *has been*, through past ages, one of the most honourable employments of man.

In consulting the earliest records of remote antiquity, we find honourable mention made of the practitioners of the healing art. Such was the fostering care the ancient Egyptians bestowed upon medicine, that the mother of the arts and sciences, is also the reputed parent of medicine, so sacred did the Egyptians regard it, that they entrusted the dispensation of medicines to that class of the people, the *priesthood*, with whom learning and wisdom were supposed to dwell. In tracing its history down through the succeeding ages of the world, among the *Assyrians* and *Babylonians*, we find the priests who were numerous and renowned in the arts of divination and astrology, and also the repositories of all the knowledge of their times, were still the chief practitioners of the healing art.

Were it our purpose now, and had we time, minutely to trace that history still farther through the succeeding nations of antiquity, and direct your attention to the respect and esteem it has enjoyed, as well as among the more modern nations, we should every where find honourable mention made of our profession. And when we turn to the *history* of the *men* in whose footsteps we tread, we find the respect which they enjoyed was not a boon graciously bestowed—it was a tribute paid by their fellows to their worth, and so it has been through all ages.

Go back five hundred years before the Christian era, and inquire as to the character of the practitioners of medicine, and we find among them, in that early period, *one* of the most remarkable men of any age, devoting his life to medicine as a profession—*one* whom we, in the nineteenth century, delight to honor, because he honored that profession; so superior was he to all that preceded him, and such strides did the science make in his day, under his teach-

ings, that we are not ashamed to call *him our Father*, *proverbially* styled the Father of Medicine. Such talents did he bring to the work—so transcendently great was he, as a man and physician, that it is questionable whether any since his time has applied themselves more faithfully to record the phenomena of disease, or did it more minutely than did Hippocrates.

We speak thus particularly of Hippocrates as a great man—a learned man, and one of amasterly mind,—to prepare the way for the remark, that in the study of medicine, in the elucidation of the principles of our science—in searching for the causes of disease, and minutely recording its phenomena, there is room for the exercise of all the faculties of the most vigorous intellect.

We have said our profession was in many respects a peculiar one;—one of its peculiarities is seen in the fact, that while it lays under contribution the most cultivated intellects, and the strongest minds, it rewards but moderately the services it demands. I mean as men of the world measure and estimate rewards,—by a golden rule. Few men acquire more than a competence, even by a long life spent in the practice of the profession. There are other ways of acquiring wealth more rapidly than in the one which you have chosen;—and though it is true there are instances in which almost divine honors has been bestowed upon individuals in our profession, as public benefactors—witness for instance the treatment Athens gave *Hippocrates*,—it seemed as though she had not honors enough in her gifts to bestow; and though Leyden was so oppressed with the dangerous sickness of Boerhaave, that on his recovery she was obliged to give utterance to her feelings, in the exuberance of her joy, by proclaiming a public illumination and the ringing of the bells of her churches—such a testimonial, gentlemen, was an appreciation of services of more value than gold—yet the common rule is ingratitude, often from individuals, but especially from the public. Witness the treatment of the physicians of this very city, at the close of the yellow fever of '93. In the December following that epidemic, at a meeting of the citizens at yonder state house, a vote of thanks was passed to the committee who had superintended the city during the prevalence of the fever, says Dr. Rush, but a motion to thank the physicians was not even seconded; and yet such was the self-denial exercised, and the hazard of life which the physicians ran, who, during the epidemic, remained at their post dis-

charging their duty—that out of the thirty-five physicians only three escaped an attack of the disease, and of those attacked every fourth man fell at his post, a victim to the destroyer.

Our profession not only brings into requisition the most cultivated intellects, it demands increasing application to the discharge of its duties, whether required *in the morning* or *in the evening*—at *mid-day* or at *midnight*—it demands this in seasons of ordinary health, but makes those demands imperative, when “the pestilence walketh in darkness and destruction wasteth at noon day.” The warrior that has fallen on the battle field, covered with gore, is carried back in the cold embrace of death by lamented subalterns—if *entombed* on the *fields of Mexico*, ‘*a nation sends* for the remains, and delights to proclaim by a funeral pageant his heroic deeds to the world, and emblazon those deeds of daring by drooping flags as the cortege *moves* through the crowded city—while the physician in his contest with an enemy, at which the cheek of the veteran soldier who has fought his hundred battles, turns pale with fear, must *conquer* and be *unrewarded*, or die and be forgotten—forgotten, except by those who stood with him in the conflict,—side by side,—or were members of the same family circle, where blessed hopes lie crushed forever. All around us we have instances of forgetfulness of obligation, and unrewarded fidelity of public benefactors, that warrant such remarks. My mind was painfully affected to learn, as I did a few months since from one of my colleagues, that no marble mementoes the great public services Dr. Dewees rendered this community—not even an humble stone marks the place of interment, saying to the passing traveller, *Dewees lies here*. Had he distinguished himself half as much in destroying, as in preserving his fellow men, a *nation* would have erected a monument to perpetuate his fame.

Equally *strange* is the experience of the medical practitioner as regards the appreciation of his professional services by individuals, as by communities. By his assiduous attention through days of anxiety and toil, under a degree of solicitude that robs him of refreshing sleep at night, he is permitted oftentimes to witness his labors blessed to the rescuing of his patients from threatened death, with not even a *thankful* recognition of services rendered. On the other hand, he finds himself unexpectedly overwhelmed with outbursting expressions of grateful affection for

services, through which have been preserved to a dependant family the life of his patient and friend. In the practice of that branch of the profession assigned to this chair to teach, who is there of much experience, cannot recall to his mind, an unexpected call for services, that promised detention from other engagements but for an hour, and after assuming the charge of the case, has found himself in a position from which, as clustering difficulties presented themselves, even his professional pride has forbidden a transfer of the obligations he had assumed to others, and under the hope of a speedier release, has rendered successive days and nights of uninterrupted watchings, and may be at the last, when having done all that man guided by science and skill could do, was about to see a joyful and triumphant termination of his labours—some ignorant pretender, through the officiousness of friends brought in, to carry off, or share at least in the meed of praise that belonged to him alone.

In what other profession do we find such strange comminglings of light and shadow, in life's daily picture so strangely, so incongruously blended, as in that of the medical man—pains and pleasures, joys and sorrows, anxious and desponding hours, succeeded by joyful and triumphant scenes, making part of his daily fare.

Another peculiarity which marks our profession is the degree of solicitude which the physician experiences in his daily life—solicitude engendered by a fear that he may not have correctly apprehended the disease of his patient, whose life has been entrusted to his care. We may remark in passing, while this experience is common to all physicians, it is peculiarly so with the disciple of Hahnemann. It is of comparatively little importance, whether the physician who treats disease on general principles is able always to locate that disease or not, provided the state of the *pulse*, the *skin*, and the *tongue*, clearly reveal the fact that the disturbance in the system is the result of inflammatory action, (that question the observing physician can decide, upon a moment's reflection.) But he who prescribes under nature's *law* of cure, must not only correctly apprehend the nature of the disease; he must fully learn the history of the case, minutely acquaint himself with all the symptoms, and the order of their development, that with a perfect portraiture of the disease before his mind, he may know the organ affected and the degree of functional disturbance that would give rise to such phenomena as present themselves; then with a thorough knowledge

of their medicinal agents, and their pathogenetic effects, under a mind disciplined to quickness of apprehension, he must be able to see the relation between the remedy and the disease, and then even when his work is accomplished, his anxiety at an end, he is rewarded oftentimes by seeing the symptoms so speedily disappear, the disease become so suddenly annihilated, as to impress the observers with the belief that it was the result of a play upon the imagination, and the patient himself with the conviction that he was not as bad as he had feared himself to be. Thus, you see, he is robbed of the reward of the very triumph that followed his solicitude, except so far as he enjoys it in the consciousness of having discharged his duty, while he was the sole observer of the triumph of *science* and *skill* over *prejudice* and *disease*. My object in presenting to you here in the outset, such an array of the difficulties and discouragements that beset those who enter our profession, is not with the view of discouraging you, but that you may know and consider them, while in this your preparatory state; that you may the better prepare yourselves to meet them with fortitude.

The prospect, however, is not all obscured by gloomy shadow—there are many bright and sunny spots in the landscape that cheer the physician in his daily walks. There are sources of pleasure as peculiar to our profession, as are the difficulties to be encountered—no one can appreciate the feelings of the conscientious physician—no one else can measure the sources of his pleasure, whose life is spent in relieving pain, and sickness—pleasures, the magnitude of which are only enhanced by the violence and mortality of the diseases from which his patients are rescued, and the value of such lives to the families of which they are members, and the communities to which they belong. Oftentimes the pecuniary compensation meted out, is in no way commensurate to the value of the services rendered—services, by which have been rescued from death and an untimely grave the father of a numerous and dependant family, or an only child, on whose life hung the hopes of aged and decrepid parents. The value of such services so far transcends the ordinary standard of value, that they cannot be computed by dollars and cents—the adequate reward is in the gratification of the humane and benevolent affections. Had the discovery of *Jenner*, of the prophylactic virtues of vaccination, been met by the opening to him of the treasury of the nation, instead of the persecutions which he en-

countered for its proclamation, would it have been at all comparable with that rich reward which his benevolent nature enjoyed, in witnessing that most loathsome disease, which for centuries had scourged our race, (if not driven from among the civilized nations of the world,) converted into a comparatively harmless and modified form of disease? Notwithstanding there are arduous duties to be discharged, great responsibilities to be met, and difficulties to be overcome or submitted to with patience, *we* rejoice to proclaim to you the profession you are preparing to enter, will afford you one of the most noble and benevolent employments in which you can engage; let your characters be properly formed under the influence of virtuous precepts, and your minds disciplined by vigorous study, and you will be carried along in the discharge of the duties of your profession on a full tide of pleasurable excitement.

Probably there is no employment in life more distinguished by the pleasures that we enjoy from the cultivation of our intellectual and moral natures, than that of medicine. We have alluded already to some of those of a moral nature, others lie so obviously on the surface, we need not now consume your time in enumerating them. As regards those of an intellectual nature, we need scarcely say, the study of the anatomical structure of our system is replete with pleasure, it is a microcosm of wonders, the examination of the structure and functions of the various organs of the system, are inexhaustible sources of pleasure. Indeed, physiology is a mine of intellectual wealth—as you approach it, you find scarcely any rubbish to be removed before you discover the gold—it crops out every where.

The study of the laws of the animal economy—the laws of health—the infraction of those laws giving us disease—the nature and cure of disease, are sources of great pleasure to an intellectual mind. The study of natural history, by which we have opened to us the varied and rich productions in the animal and vegetable kingdom; the study of geology and mineralogy, by which we are taught the structure of the earth we inhabit, and the nature, structure and formation of the minerals found upon its surface, are sources of pleasure to intellectual minds, that few adequately conceive of.

The study of chemistry has its sources of pleasure too, peculiar and absorbing, so fully satisfying the desires of the intellectual man

when fully within its portals, as to have drawn from the illustrious Lavoisier, when about to be executed, the wish his execution might be delayed, simply to fill up his measure of happiness by completing a course of experiments, which he had hoped would settle a principle in chemistry.

Let us not be told these pleasures we enjoy in common with others, they belong legitimately to our profession; others, it is true, participate in them, enticed by the enjoyment their study affords. In short, there is no profession or calling in life that branches off into so many, and such enticing walks of science and literature, as that to which you have devoted yourselves.

To derive pleasure from all these sources—to cull one flower here, another there, as opportunity offers, by the way side,—nay, to participate in those that are of a moral nature, you must engraft upon a well developed character diligent habits of study, close investigation and minute observation of nature,—do this for the satisfaction it will afford you in mental employment, and because it will fit you for being more extensively useful to your fellow men, and your pay will be meted out to you as you go along, every day you will have your reward. Let not the acquisition of wealth be your main object—let your aims be higher, and your purposes more ennobling; wealth will assuredly come to you, if you form for yourselves such characters as here delineated, but never be tempted to regard it as the *reward* of your labors. And yet, I am well assured, you will not so cherish a contempt for wealth as to have it constitute an element in your character; you will not cease to be an aspirant after fame, or look with contempt upon it, unless you incorporate in that character a truly religious element, so that instead of looking forward to the praise and admiration of your fellows, your aim shall be unceasingly to obtain the approbation of your conscience and your Creator. Let me then urge upon you the formation of such a character, during this the preparatory stage of your professional career, that when you go out upon the stormy sea of conflict you may be prepared to act manfully your part. Cultivate, while students, a profound veneration for the Deity; and when, as your attention is called in the progress of our course, to the displays of the wisdom, the power, and the goodness of God, in our examinations of the complicated machinery of the human body,—its structure,—functions,—adaptation of parts to

each other,—and to the whole,—especially as we shall spread out before your minds what we know of the phenomena touching the reproduction of our species, and attempt to lift the veil from those processes of nature she has so sedulously shrouded; and as we shall farther trace the analogy existing in the function of reproduction between the animal and vegetable kingdoms—functions none but an *all-wise Architect* could ordain, let your ideas of that wisdom, power and goodness, be expanded. The very contemplation of the immensity of the Supreme Being, will fit and strengthen your minds for embracing truth on other subjects. You will, I trust, pardon me for naming to you, as worthy your imitation, the character of Sydenham. You will do well to study it—it would be well for our profession and the world, were it universally studied. When you hear him say,—“he had rather discover a certain method of curing the slightest disease than to accumulate the largest fortune,” the spirit that looks upon our profession simply as a means of acquiring wealth, will be rebuked. *Would* that that benevolent heart could have throbbed with the emotions that filled the breast of Hahnemann, as he demonstrated under the operation of the law, *similia similibus curantur*, that not simply the slightest disease, but many of the most formidable that afflict humanity were certainly cured.

When you hear him say, speaking of those who have acquired great estates by unlawful and sordid means: “I do not envy them the enjoyment of what they have acquired, but would have them remember that the lowest mechanics do sometimes leave greater fortunes to their children, and yet, in this respect, they are no way superior to the brutes who make the best provision they can for themselves and their issue,” you will be ashamed to give place to the sordid feelings that spring up in your hearts.

And when you hear him further add:—“upon deliberate and equitable reflections, I find it better to assist mankind than to be commended by them, and more highly conducive to tranquility of mind,—popular applause being lighter than a feather, or a bubble, and less substantial than a dream;” you can understand how it was, that when charged with murdering his patients by those who differed from him in his mode of practise, he could go on unmoved by their calumnies, discharging his duties to those patients, from day to day, with perfect equanimity of temper, his mind so little disturbed

as not to suffer himself to be drawn into *even* the recording of the names of his calumniators. Especially should the character of such a man as Sydenham be a model for Homœopathic students of medicine of the present day. In the conflict now being witnessed consequent upon the rising principles of our school, will there be found a demand for the daily practise of like Christian virtues.

The light from the discovery of the great Hahnemannian law of cure, has not only dawned upon the world, and diffused itself so extensively that it may be said of 'it as of natural light, its great prototype, "it touched and glanced on every hill;" and although it numbers wherever known, among its adherents, many of the virtuous, the wise and good, yet such you will find to be the animosity with which it is assailed, that it is not an uncommon thing to hear the practitioner charged with like calumnies to those preferred against Sydenham;—by some he is said to murder his patients by administering poison,—by others in deceiving the patients by administering nothing, while disease, unrebuked, slays its victim.

The cultivation of the spirit we have recommended to you, and the formation of a character upon the model of the one named, will enable you to meet such revilings, without reviling again, and if not with love for their authors, at least with a spirit of gratitude and thanksgiving; that while they walk in darkness the true light hath shone upon your pathway, while they grope in that darkness following some *ignis fatuus* for a guide, like the reveries of a Stall, a Boerhaave, a Cullen and a Brown, or even our own illustrious Rush, with his unit theory of fever, you possess as an unerring guide one of nature's own laws, as noble and as grand, as simple and yet as sublime as the law of gravitation, or any other of her great laws.

Standing, however, upon such vantage ground to-day, in the enjoyment of such light, we doubtless address you, buoyant with hope of success, and our language to you is, crowded as is our profession, there is still room in the world for well educated men. Indeed, on every side we hear the cry, send us a first-rate man, he will be introduced at once into a respectable business. But mark me, the demand is for well-educated men; the public are already beginning to discriminate between men thoroughly educated, with a perfect knowledge of the pathogenetic effects of the remedies, and a

minute acquaintance with the great law of cure, to guide them in the selection of those remedies, and men who prescribe as mere routinists.

The time is fast approaching when nothing short of the credentials of a Homœopathic school, where all the branches of medical science are as ably taught as in the Allopathic schools, will satisfy a discerning public. Our prayer is—speed the coming of that day. As highly as we trust you will prize, and the public appreciate, the credentials of this, the oldest Homœopathic college in the world, let us urge you not to look forward to the possession of such credentials as a ground of success; such reliance will be a harbinger of failure, they will be to you, but the presumptive evidences of qualification which you are to carry with you from this school of instruction.

If you would avoid such failure, especially if you would attain to eminent skill in your profession, the foundation for it must be laid here. *Here it is*, while passing through the initiatory processes, you must establish those habits of diligence in study, and imbibe that love for it, that will be a guarantee that when you enter upon the practise of your profession you will not lose your taste for study. With such habits formed I have no fear that you will consider your profession as a trade, that you are to be inducted into by a course of instruction, just as the apprentice is to the trade of his master mechanic, and that when you enter upon it you will know and acknowledge the truth that you have but just begun to study.

If with the possession of common talents and common acquirements, a proper foundation is laid for the superstructure in the formation of such habits of study, and an hour or two, if not more, of each day—in after life be devoted to it, you will not have arrived to the middle of life before you will have attained to eminence in your profession. You will thus not only keep up with the improvements of the present, you will also become more thoroughly acquainted with the experience of the past age, in short you will be both a practical and a learned man. While students together *labor and study* and *study and labor*, till no one can know what is to be known better than yourself, and then when you enter upon the practise of your profession you will find the impression, somehow or other, prevailing, that no one can do what is to be done better than yourself, and that crowded as the world is with professional laborers,

your services will be really demanded. For as much as may be said of our profession being over-stocked, you will find there is no surplus of those, who with virtuous characters, unite professional eminence. The world has never yet been overstocked with such a commodity—men of such a character have never yet crowded one another from the sidewalk, but on every side you may find those who, not having established for themselves such characters, have broken down, or, failing to make satisfactory progress, have exchanged their profession for some other calling.

The success of the one and the failure of the other is spoken of as the good luck of the one, and the bad luck of the other; whereas a minute acquaintance with their individual histories would disclose to us a relation to the adoption or rejection of those principles of conduct, and habits of study, we have recommended for your adoption, that stand in the light of such success or failure, in the relation of cause and effect. The maxim of universal application in the common and every day concerns of life, that the success or failure of individuals depend upon themselves, should be so modified in its application to professional men, as to read the success or failure of individuals almost always results from the adoption or rejection of these very principles.

Dr. Rush, in one of his introductory lectures, remarked: "the proper place for a physician, when not engaged in visiting the sick, is in his study or by his fireside. His patients alone are entitled to a monopoly of his time and talents, and it is a breach of contract with them, to apply them to any other purpose." If this is true of the physician engaged in the practise of his profession, it is encumbent upon the student of medicine to seek to redeem from slothful indulgence the periods of time appropriated to study; for how much soever it may be of a stigma for men engaged with the varied interests and multiform obligations of life, to be called men of one idea, it will be well for students of medicine to have but the one ruling purpose through all their pupilage, viz: a fixed determination to acquaint themselves perfectly with the principles of medical science, to know all that is to be known, to qualify themselves fully for the arduous labors of professional life.

To do this you must *study, observe, reason and think*. A man may become learned by constantly listening to the instructions of his teachers, and treasuring up those instructions; but he can only

become a wise man by submitting the things learned to the executive operations of his own mind. They must be to him but the raw materials, which under the operation of the machinery of his own intellect, are to be wrought into some useful fabric.

Here there will be work enough for you to do ; the facts you will gather every day from attendance upon these sources of instruction, are to be treasured up and fixed on the tablets of your memories for future use, by which very exercise your memories will be strengthened. The effort to retain them will be to the mental, what muscular exercise is to the physical man ; and while this is just what we would have you do, we must tell you there is danger even here, lest your memories be so over-stocked, as to liken them to a storehouse of goods, so jammed as to forbid your finding, on an emergency, just that which you may need for special use. If you will adopt the practise of noting down such things as strike you as important from day to day, you can fill up many blank hours in arranging and re-writing them,—in this way you will accustom yourselves to the use of the pen, an exercise which ought to be more cultivated by our profession, for by it you will strengthen and fertilise your own minds, your reasoning faculties will be called into exercise more or less in the reflection, which, of necessity, will spring up in your minds in the very recording of the facts, and using these facts as some writer has beautifully expressed it,—“as a *weaver* his *web*,” will create in you a talent of invention, and a facility of composition to which you have been hitherto strangers. And, moreover, if you do not habituate yourselves to recording such facts, you will find by sad experience in after years, that the operation of your memories have been very much like a sieve, it has retained many great facts, but it has let fall the little ones, the very minutiae of detail in the record of cases, that will be what you will most prize at the bedside, just what you would give the most to find.

One of the greatest advantages accruing to the student from attendance upon public lectures, is that he enjoys in a familiar, colloquial narration, the minutiae of instruction, which he cannot find in books. There you may find abundant instruction as to the nature of a particular disease, and what its characteristic symptoms are, but it is from the living teacher you are taught how to approach your patient, to draw from him such a detail of symptoms, that coupled with those that lie upon the surface, will give you a correct portraiture of the

disease, and enable you to recognise it. It is here that your eye is to see, and your ear to hear, and your heart be made to feel, under the familiar teachings of your instructors, what you cannot see, will never hear, and imperfectly feel, in solitary study.

We have now, gentlemen, given you our own impressions of the value and importance of a thorough acquaintance with the medical sciences, the necessity for a degree of application, if you would qualify yourselves for the practise of the profession that may be considered as a tax upon your physical and mental being. We have presented for your consideration some of its peculiarities, and counseled you to meet them; we have spread out before you some of the pleasures which cheer the physician in his daily walks, and told you how you may prepare yourselves fully to enjoy them; neither have we failed faithfully to declare the work on which you are entering, is a great work—the fields of study before you are vast, the labor of exploring them is great, the heights to which, in the search, we trust you will aspire to ascend, are perilous, but not inaccessible,—every step in your progress upwards,—every obstacle that you surmount in the acquisition of knowledge, will amply repay you for all the toil it may cost you, and all the expenditure of effort you may make, in the acquisition. Will you not, therefore, gird yourselves to enter upon the work? Do I not hear the response in the affirmative coming up instinctively from every heart? To your leaders then to the combat with our common enemies, in the acquisition of knowledge—give your confidence, your uninterrupted attention, your earnest endeavors, striving after truth, and they will pledge to you all that ability which God has given them, to aid you in the search. Your speaker has devoted thirty years of his life to the study of the medical sciences, and subjects germane to them, and although during these thirty, the best years of his life, he has thought, and studied, and reasoned, upon these subjects more than upon all others united, he is still prepared to say, if these obligations on your part shall be respected, we will here at the outset, strike hands as fellow students in the school of nature and of science, and you shall receive at his hands all the advantages that his reading, observation and experience, will enable him to bring for your instruction. As poorly qualified as he regards *himself* for the discharge of these obligations, he has yet waited patiently for the return of this annual season of instruction. So great is his love for the work, he has found himself

almost unconsciously giving utterance to the feelings of his heart, in the exclamation, *welcome* be the return of this season, and *welcome*, gentlemen, are you to this temple of instruction.

We have already taxed your patience in thus reviewing the duties and obligations that mutually devolve upon us in the relation we are here to sustain, and will close by asking you to enter with us on this series of lectures, as sober-minded men enter upon a great work. And may that Divine Being, who is wont to regard with approbation all the efforts of his creatures that are calculated to ameliorate the condition, and lessen the sufferings of their fellow creatures, make our health and lives the object of his peculiar care.

AN ESSAY

On the Exhilarating and Medicinal effects of Ethereal Inhalation.

By CALEB B. MATTHEWS, of Alexandria, Virginia, 1824. One of the Editors of the Medical Recorder, for 1827-28.

DEDICATION to THOMAS C. JAMES, M. D., Professor of Midwifery in the University of Pennsylvania.

In dedicating to you this Essay, I have not been actuated by the desire of adding lustre to my humble production by casting around it the halo of your name. I feel that it has originated in a far different motive—Gratitude!!! Accept, then, this poor return, which is all that I at present have in my power to offer for the many benefits you have conferred on me.

Yours, &c.,

THE AUTHOR.

INTRODUCTION. 1824.

SOME facts of a very interesting nature relative to the exhilarating quality of sulphuric ether when inhaled from an appropriate apparatus into the lungs, having lately attracted considerable attention, I have deemed it not altogether an unprofitable employment to embody them in the form of an inaugural dissertation, conceiving that from the known properties of the article, when otherwise administered, and a considerable number of experiments recently instituted with a view to ascertain more clearly its effects upon the system when inhaled, it might become when thus exhibited a valuable auxiliary in the treatment of most diseases where diffusible stimuli are indicated.

It is, however, a subject of considerable regret to me that my time and opportunities have not permitted me to diversify them as much as I could wish, and candor compels me to acknowledge that in the ensuing pages I have too frequently been under the necessity of resorting to suggestions and *a priori* reasoning where the touchstone of experience alone should have been exercised.

I am aware that I may fall under the imputation of having yielded too far to those fascinating allurements which the fairy regions of speculation hold forth to view where fancy like the spear of Ethuris, clothes with majestic form and beauty the shapeless chimeras that present themselves and "Give to airy nothing a local habitation and a name." But I would ask, does not the history of our science furnish numerous instances where even these have had their utility by awakening the dormant energies of intellect, and subsequently in leading to valuable investigations.

If these considerations do not afford a sufficient apology for the excessive flights which I have been unable to repress in treating of a subject so favorable to their production, I have nothing further in extenuation to offer, but shall at once proceed to the consideration of my subject.

The discovery of the exhilarating effects of ethereal inhalation is not of very recent date; these were known to several individuals in this city at the time the exhilarating gas engrossed so completely the public mind, in consequence of which, perhaps, a knowledge of this fact did not become generally diffused.

The merit of its revival is, however, due to a gentleman of Cincinnati, Ohio, from whence the knowledge of this property of the Ethers has gradually extended to Philadelphia, where, since I began to experiment with them, it has become much more widely disseminated; and numbers can, from actual experience, attest the truth of what I am about to advance concerning these extraordinary effects.

The subject before me naturally divides itself into two parts, which I shall consider in as many sections. In the first I shall detail the exhilarating effects of the sulphuric ether. In the second I purpose to suggest its remedial application.

Before I enter more immediately upon the consideration of the exhilarating effects of sulphuric ether, it may not be improper to describe the manner in which it is usually inhaled. For this pur-

pose it is only necessary to procure an oiled silk bag or a bladder of the capacity of one or two gallons, and affix to it a brass air cock and an ivory or wooden mouth-piece, such as are usually employed for the purpose of inhaling the nitrous oxide.

Into this recepticle, after partially inflating it with air, introduce a drachm or more of pure sulphuric ether, and having previously expelled the air from the lungs by a long and deep expiration, proceed to breathe alternately from and into the bag or bladder, observing to hold the nose at the same time to facilitate that operation.

If this apparatus is not at hand, a common quart bottle will answer the purpose nearly as well. In this case, however, it is necessary to allow the air together with the vapor inhaled, to be expelled through the nostrils, as the bottle is incapable of contraction and dilation.

When inhaled in either of the above mentioned modes the etheric vapor is rapidly generated, and the glottis is so much excited during the first few inspirations as to produce violent coughing, and may probably prevent the continuance of the experiment, but if the experimenter possess sufficient fortitude to persevere in it, this disagreeable sensation gradually subsides, and the ethereal vapor assumes a cool, sweetish and somewhat nauseous taste, at which time the exhilarating effects begin to be perceptible.

These I shall now proceed to narrate as they occurred to myself and several gentlemen who assisted me in my experiments.

On the 18th of December, 1823, in the presence of Dr. Benjamin Coates, Mr. Wetherill, Mr. Eckert and others, at Mr. William Marriott's drug store, I inhaled in the manner just described, a portion of sulphuric ether.

After the glottis had become accustomed to its stimulus, and the sweetish taste began to appear, I experienced an expansive sensation in the chest, accompanied with a fulness in the head, tinnitus aurium, and slight dizziness. To these succeeded a considerable increase of nervous energy, ushered in by a prickling sensation over the whole surface of the body, together with a succession of vivid impressions which presented themselves to the mind with such inconceivable rapidity that the sensations of an age appeared to be concentrated into the space of a moment. My mind transiently retained the power of taking cognizance of surrounding objects, but an idea

could hardly present itself to the sensorium ere it appeared to be infinitely divisible so that that season, by endeavoring to trace its multitudinous ramifications, was lost in a labyrinth of thought. My whole frame now seemed to expand until it became almost continuous with the circumambient atmosphere, or to use the language of the poet—

—— dissolved into thin air.

The nervous system appeared to vibrate so as to produce a thrill of indescribable ecstasy, and when I attempted to speak, my voice produced a reverberation, as though it were echoed back from surrounding bodies. So greatly was the elasticity of the muscles increased that I felt a strong propensity to exercise it, and I felt as if hurried onward by an almost irresistible impulse into the most fantastic extravagancies, such as immoderate laughter, singing, dancing, jumping, fencing, &c.

As this paroxysm in some degree abated, those around me were able to feel my pulse, which they found to be more voluminous than natural, and very much accelerated, having risen in the course of five minutes from the standard of health, seventy-five, up to one hundred and twenty, and even one hundred and forty pulsations in a minute.

My face, as I was afterwards informed, was turgid, the eyes protruded, the pupils very much dilated, though the iris still remained very sensible to its natural stimulus.

When this extatic paroxysm, which I have just detailed, had passed away, it was not followed by that sudden transition which so uniformly succeeds the high excitement from inhaling nitrous oxide. On the contrary, the subsidence of its effects was very gradual, and I continued for some hours to experience a sensation of tranquil delight, accompanied with an unusual degree of mental vigor, and an evident increase of activity in all the organic functions.

The surface was moist, and the pulse, though it gradually diminished in frequency, was not impaired in force and volume. Nor did I experience any considerable debility to ensue, even on the following day, at which time my breath was still strongly impregnated with the peculiar odor of the sulphuric ether. After witnessing the effects produced on me by the ethereal inhalation, Dr. Coates proceeded next to breathe the ether in the manner previously

described; his pulse before experiment eighty pulsations. At first he was seized with an almost unsupportable cough: this however subsiding, the effects of the ether were perceived, his pupils dilated, his pulse increased in force and volume, and also somewhat in frequency; he now began to perambulate the room, exclaiming, "it is very strange!" When spoken to he answered with considerable precision; the expression of his countenance indicated a highly pleasurable state of mind. He was not, however, hurried into those extravagancies which usually attend the ethereal excitement, but on the subsidence of it, he stated that he felt at intervals a strong inclination to strike or wrestle with those who approached him. He appeared to enjoy a considerable increase of mental vigor for some hours after experimenting with the ether.

Mr. Wetherill now inhaled a drachm of ether with the same tendency to cough before noticed. This soon subsided, but the effects of the ether, though analogous to those already described, were comparatively inconsiderable until he repeated the experiment several times; by which means he was brought completely under its influence. His face became flushed, his eye wild, and his gestures extravagant in the extreme. He sprang upwards to a considerable height, displaying great elasticity, and then rushed impetuously on us all, striking with great force, and uttering the most incoherent expressions. He appeared at last to be exhausted by the violence of his own efforts, and sank down upon the floor, no syncope however supervened, and he immediately rose of his own accord. His pulse examined before the experiment, was found to stand at eighty-two pulsations in a minute, above the natural standard somewhat, perhaps arising from the exercise of walking, in which he had previously been engaged. It was again examined after the experiment, and found to beat one hundred and twenty pulsations in a minute, in five minutes after it had sank to one hundred, and was hard and full, in ten minutes eighty, but still tense and voluminous. When capable of doing so he described his sensations to be exquisitely delightful, agreeing in most respects with what I have antecedently depicted.

Mr. William Marriott now proceeded to inhale the ether; pulse before the experiment seventy-five pulsations in a minute; his first attempts to respire the ethereal vapor were succeeded by nausea and vomiting; persisting, however, in the experiment; he experienced

similar effects with those I have narrated in giving an account of the foregoing experiments, such as tinnitus aurium, expansion of the chest, prickling or tingling sensation of the surface, vivid flow of thought, eccentricities of conduct, and exclamations expressive of delight, as (for example,) "Why should a man labor when he can be rich so cheap! Is it not strange a bladder can contain the soul of so much joy, &c." A customer coming in at this moment gave me an opportunity of ascertaining how far he was capable of volition. With this view I hastily approached Mr. Marriott, stated the circumstances and the nature of the medicine desired, he exclaimed, "five grains is a dose, five grains is a dose, do not disturb my enjoyment." From these expressions I was led to infer that he was in a state of semi-consciousness, on the subsidence of which he regained the power of volition perfectly, together with his intellect highly invigorated. His pulse during the experiment, one hundred and sixteen; ten minutes after, one hundred. His face flush, his eye sparkling, his pupils dilated but sensible to light; he experienced also after the experiment, a delightful glow over the whole frame, which continued during the remainder of the evening.

Mr. James Webster, of the medical class, has also in my presence repeatedly inhaled the ethereal vapor, and with analogous results, such as a high degree of nervous energy, vivid flow of ideas, increase of fulness and velocity in the pulse, flushed countenance, semi-volition, incongruity of behavior, attended with extravagant gesticulations, as jumping, dancing, &c. And, (as was the case in most instances where I have seen this embrosial draught administered,) the attitudes assumed on these occasions were replete with that graceful elegance so universally concomitant with unrestrained nature. The resulting effects I deem it superfluous to describe, as it would be merely a recapitulation of what I have before narrated.

As the effects may by some be considered as resulting from overheated imaginations, or as the offspring of that imitative tendency which exerts so powerful an influence upon all our actions, I beg leave cursorily to detail another experiment where these could not be supposed to have any influence, when we take into view the attendant circumstances.

This was in the case of Dr. Abraham Cox, late of this city. This gentleman, when I informed him of the effects which resulted from ethereal inhalation, was at first inclined to be sceptical with regard

to it. In order to satisfy himself, however, he inhaled a portion of ether, and was to all appearance under its influence, acting as is usual on these occasions. This he afterwards informed us was only feigned, and no very considerable exhilaration supervened. Taught as I had been by my previous experience, I immediately suspected the failure in this instance to arise from not having properly expelled the air from his lungs. I accordingly desired him to repeat the experiment, observing to take this precaution; he did so, and was fully convinced of the accuracy of my previous statements. While under the ethereal excitement he exclaimed, in allusion to it, that—

“It elevates man to the level of the gods.”

He also displayed great agility, jumping to the height of four or five feet. His pulse and countenance presented similar appearances with what has already been described. He informed us after the experiment that his sensations were peculiarly delightful during its continuance.

As Mania and Phthisis Pulmonalis were stated to have been produced by the inhalation of sulphuric ether, I determined to ascertain how far it could be productive of injurious consequences.

To this end I inhaled the ethereal vapor for two hours, without intermission, on the 13th of January, 1824, in the presence of Mr. Marriott and several other gentlemen, who noted for me the circumstances of the experiment. After ascertaining the state of my pulse, which beat seventy-two pulsations in a minute, I proceeded to breathe the ethereal vapor from a quart bottle containing sixteen ounces of strong sulphuric ether. The first few inhalations were attended with the ordinary circumstances which I have already described; as, the sweetish, cool and somewhat nauseous taste, expansion of the chest, tinnitus aurium, vibratory and prickling sensation over the whole frame, and rapid succession of ideas; so that,

“Thought rushed on thought a countless throng,
Propelling countless thoughts along.”

At forty minutes past six o'clock, ten minutes after the commencement of the experiment, my pulse was found to have risen to one hundred and eighty-seven pulsations in a minute, a delightful glow over the whole system, intellectual operations obstructed, a sensation in the nostrils similar to that experienced on rising out of the water after diving, I exclaimed, “What method is

this madness," and rose to walk. After a turn or two I sat down again, endeavored to describe my feelings, and concluded by observing, "That I should never again in so short a period experience so many of the delights of existence." At five minutes past seven o'clock, pulse had declined to fifty pulsations in a minute, rose again to walk, command over my mental powers returned, "felt as if constituted of a nervous essence" as I then expressed it, great elasticity, seemed as if approaching the wavering undefined boundaries which connect the material with the immaterial world. At thirty minutes past seven pulse down to forty-seven, countenance pale and haggard, again walked across the room, pulse variable, thirty-five minutes past seven pulse rose to eighty-eight pulsations, five minutes of eight o'clock pulse falling, at sixty pulsations, immoderate laughter. My friends alarmed, endeavored to take the bottle from me, which I obstinately refused to relinquish, acknowledging that I should be my own destroyer if death resulted. At thirty minutes past eight I ceased to inhale the ether, pulse at ninety-six pulsations in a minute, which, together, with a high degree of mental and corporeal excitement, continued for four or five hours, when I fell into a profound sleep, from which I awoke without any disagreeable symptoms whatever, except a slight headache, with some confusion of ideas, which soon wore off, leaving my system as sound as it was before the experiment.

Exper. 8. With a view to ascertain what would be the result, carbonic acid gas was substituted for the atmospheric air in the bladder, by putting into it a portion of seltzer water along with the ether, when respired the same effects were produced as in the preceding cases, occurring however much more immediately.

The ethereal vapor in this instance must have supported, respiration yielding its oxygen and probably forming olefiant gas, which I was unable to demonstrate for want of an appropriate apparatus.

Exper. 9. I have also inhaled Hoffman's anodyne with the same results, as when sulphuric ether was employed.

Exper. 10. The only effects consequent to inhaling the sweet spirit of nitre, were nausea and profuse diaphoresis.

Exper. 11. I was similarly affected from inhaling the vapor of alcohol; though it is highly probable if I had persisted in the experiment, some excitement would have eventuated, as it is a well known fact, that the fumes arising from alcohol frequently pro-

duced inebriety in those employed to transfer it in large quantities from one receptacle into another.

From the foregoing experiments, which I have selected from a considerable number, for the purpose of illustrating the effects of ethereal inhalation, it must be apparent that they are intermediate to the transitory exhilaration of the nitrous oxide, and the more gross but permanent alcoholic inebriety. They may all three be considered as grades of the same unaccountable results produced by a direct operation on the nervous system, secondarily affecting the circulation.

To me the ethereal excitement appears to bear a considerable analogy to that high and purely nervous stimulation which imparts to the orator his graceful attitudes and commanding tones; and awakes the music of the mind in the man of lofty poetic feelings.

Sir Humphrey Davy, in treating of the nitrous oxide, presents, however, a very different view of its *modus operandi*, he conceives that it acts indirectly on the nervous system, and that its influence depends on peculiar changes produced by it on the circulating mass. This is merely conjectural, however, as he has not shown by experiment that such changes do actually take place, and when he has satisfactorily established this position, he will still be involved in the dilemma of ultimately being compelled to refer it to an impression made on the nervous system.

Pursuant to the arrangements I have adopted, I come now to consider the ethereal inhalation in a remedial point of view.

On the very threshold of this disquisition it becomes a subject of interesting inquiry, how far it is admissible to address active remedies in the form of inhalations to the pulmonary organs.

The stomach has hitherto been considered as the principal avenue through which we are to introduce remedial agents into the system, and from its intimate connection with every part of the human frame, and the great importance of its functions, any aberration from the healthy operation of which, is more or less productive of serious derangements in the animal economy, it unquestionably becomes of primary importance to the successful practice of medicine to keep this organ properly in view.

But there are circumstances which may, and do frequently occur, prohibiting the ordinary mode of exhibiting our remedies. Will it

not then be a gratifying reflection to the medical practitioner, that he is possessed of other channels through which he is still enabled to insinuate them. Nor is this the only advantage we may expect to derive from medicinal inhalations. They afford us an opportunity to call into the field many active agents, at the same time that we are administering other remedies in the usual manner, and by thus multiplying our resources enable us more effectually to cope with the disease.

Next to the stomach there appears to be no organ to which we can direct our efforts with a greater promise of advantage than the lungs; more especially as they appear, when comparatively viewed, to possess some striking points of resemblance to that important organ.

The trachea, bronchiæ, and air cells of the lungs, are in common with the stomach and all other cavities which have an external communication lined with reflection of the mucus tissue.

The tissue, though it is somewhat modified in the lungs and their appendages, according to Bichat, yet it still preserves its great characteristic features, and may be considered as presenting a surface continuous with that of the stomach and intestines, liable to be diseased from similar causes, and when diseased, presenting analogous phenomena.

The functions of these two portions of mucus tissue tend also to the same great end, the formation of the blood, and the preservation of it in a state suitable for the purposes of nutrition.

The chyle that the gastric juice has assimilated from the ingesta, and which the lacteals absorb, and transmit to the circulating torrent, is not blood until it has first been subjected to the action of the lungs, it then becomes adequate to renovate that decay which the lymphatics are constantly tending to produce.

The functions of these two organs are then of equally vital importance to the operations of the animal machine.

The lungs are also covered towards their containing cavities, with a portion of the serous tissue, which does not appear to differ materially from that portion of the same tissue which is reflected over the stomach, being similar in healthy function, and liable to similar derangements. Nor does the analogy between these two organs stop here; they are both supplied with nerves from the same great trunk, the Pneumo-Gastric or Parvagum; which renders

their association with each other very intimate. They are both extremely susceptible to the impression of foreign agents, which, however, by long usage, becomes less and less distinct, so that persons may habituate themselves to the most deadly poisons, and to a certain extent, at least, inhale the most deleterious miasms and mephitic gasses, which, if they were suddenly exposed to their action would be productive of the deadliest results.

This is exemplified by the well known fact, that carbonic acid gas so destructive to life if respired in an undiluted state, is nevertheless an essential and salutary ingredient of the circumambient atmosphere, being found to constitute one per cent. of it at all altitudes.

The laboratory of the chemist also presents us with daily examples of noxious gasses liberated during his various manipulations; which, owing to their extreme dilution with atmospheric air, and his habitual exposure to them, are seldom productive of serious injury.

I imagine the same will be found to obtain with respect to fumes, carbonous oxide, and even the deadly hydro-cyanic acid, which probably only require a suitable degree of dilution to render them useful instead of deleterious agents when inhaled.

From these facts and observations it would appear that the ancient medical aphorism, which says, "that all medicines are poisons and all poisons are medicines," is equally applicable to the lungs as to the stomach; and that if articles of an active nature can be safely administered to the one, there can be no reason why this should not be the case with regard to the other, more especially when we take into view the analogy between the two organs which I have just endeavored to portray.

Considerable apprehension has however existed on this head, in consequence of the publication of several cases of Phthisis-Pulmonalis, and permanent derangement of intellect, which resulted from inhaling the sulphuric ether by the ingenious Dr. Goodman.

It is however highly probable that in the cases above alluded to there existed a strong predisposition to these terrible maladies which might have been awakened into action by any other inordinate excitement. I have inhaled the ether for two hours without intermission, as stated in *Exper.* 7, part 1st of this essay. I have also witnessed its effects in great number of instances, without perceiving any deleterious consequences to result, and as far as my

information extends, those narrated by Dr. Goodman are the only instances out of hundreds who have inhaled the ether where any permanent injury was sustained, except one where Hæmoptysis was induced in an individual already liable to that affection. I must not forget to mention, however, that I have known the ether in common with the nitrous oxide, to produce transient hysterical affections in bodies of delicate habit, which has taught me to be cautious in administering either of these articles to females. The nervous system of this lovely and interesting part of the human family is too finely toned, to bear, without discordance, such sudden and violent impressions as they are calculated to produce.

In conclusion, I beg leave to advert to the objections which subsist to medicinal inhalations. These are, first, the prejudices of the public; secondly, the difficulty and expense attending the production of most gaseous substances; and lastly, the dread of producing formidable diseases, which I have sufficiently considered in the foregoing part of this section.

As to public opinion, it has been allowed to exercise an undue influence over the practice of our profession, and some of our most valuable remedies and precepts, have at different periods labored under its ban; we might, therefore, in support of medical doctrines, exclaim with Horace, "*Odi profanum vulgus et arsis.*" But happily for us the opinions of the multitude are extremely vacillating, and that which at one time is thought to be hurtful, may at another be considered as salutary. Moreover, in the present instance, we are enabled to oppose to popular prejudice, the love of novelty, which in some minds is even stronger than the love of life.

The second objection loses much of its force when we reflect that many articles produce their full effects by the simple process of smoking them, as *Digitalis*, *Conium*, and the *Nicotiana*, which last probably owes its supposed prophylactic powers against the effects of deleterious miasms to the inhalation of the smoke by which the lungs are fortified against their impression.

Other articles are readily volatilized, either by a gentle heat, as arsenic, and several preparations of mercury; or at the common temperature of the atmosphere, as is the case with the various kinds of ether, so that a very small proportion of those articles we might think proper to employ in this way would require any preparatory process for this purpose.

From considering the propriety of employing medicinal inhalations, I proceed to offer some remarks and suggestions respecting the remedial application of ethereal vapor. What I am about to advance, however, in relation to this part of my subject, is derived rather from observing its influence on the healthy functions, than from any very extensive experiments with it in cases of disease.

From these observations, however, I am induced to believe that it will operate beneficially in a multiplicity of disorders, where a sudden and permanent impression is required to be made on the nervous system, and through it upon the more subordinate functions.

Of those cases to which I consider the ethereal inhalation as particularly applicable, the first that I shall notice is asphyxia, for the correct notions of the pathology of which we are indebted to Bichat. To his bold and inventive genius is due the merit of removing the veil of doubt and error which has hitherto obscured the paths of physiological research, by calling the attention of the medical world to the important functions of the capillary system, the occult operations of which are so intimately connected both with the phenomena of healthy and diseased action. Whilst engaged in these profound investigations he may not unaptly be compared to the fallen archangel; who, on the confines of creation after his daring and perilous flight through the regions of chaos, left behind him a heterogeneous mass of vague and contending principles, whilst before him dawned a system harmoniously beautiful. This eloquent writer in his "*Recherches Physiologiques sur la vie et la mort*," presents the following picture of the state of the several organs concerned in asphyxia.

When the respiratory function is suspended, the chemical phenomena of the lungs cease, and the dark blood which is passing into them is transmitted unaltered to the left side of the heart. It does not here, however, produce death by its not affording a sufficient stimulus to excite the contractions of the aortic ventricle, as was supposed by Goodwin, as it is propelled into the substance of the heart, lungs, and indeed every part of the system, impairing and ultimately suspending their vital functions, operating either by its sedative effect on the fleshy fibre, or the nerves which every where accompany the minute vessels. Bichat inclines to the latter opinion, though he does not pretend to determine how the dark

blood acts upon the nervous fibres, nor to decide the question, whether oxygen is or is not the principle of irritability, and carbon or hydrogen the reverse; but with a truly philosophic spirit, exclaims, "*Arretons-nous, quand nous arrivons aux limites de la rigoureuse observation; ne cherchons pas à pénétrer là où l'expérience ne peut nous éclairer.*" The dark blood by whatever means it is rendered unfit for the support of the vital functions, does not however immediately suspend their action. It continues to circulate for a considerable time, (as was sufficiently proved by the experiments of Bichat,) gradually impairing the functions of the capillaries; in consequence of which accumulations of dark blood take place in them, which occurring in the capillaries of the general system give rise to the livid and swollen state of the face, lips and tongue, and in the capillaries of the pulmonary system, to the engorged state of the lungs, pulmonary arteries and right ventricle of the heart: while at the same time there is a corresponding deficiency of this fluid in the aortic system. This inequality in the plenitude of the two vascular systems Bichat attributes to the disproportionate diminution of vitality in the capillaries which terminate the arteries of these two systems, to the superior force of the aortic over the pulmonary vessels; and also to the circumstance that the capillaries of the pulmonary system are concentrated into a narrow compass, while those of the general system are widely diffused.

Hence, according to him, the obstruction to the circulation commences in the lungs, the minute vessels of which having their functions first impaired in consequence of the absence of vital air, which is necessary to the support of their tonic force, and of the sedative influence of the dark blood which penetrates their parietes, they are disqualified for transmitting the blood from the venous into the arterial system, whereas the aortic capillaries still retain sufficient power to impel the blood from this system into the veins, producing an engorgement in these vessels.

These congestions are more particularly observable in cases of lingering death, not only from asphyxia, but also from other affections of a chronic kind as the dissections of Bichat and others abundantly substantiate. Their not being discoverable where death has suddenly taken place, is probably owing to the vital action of both systems of capillaries being simultaneously suspended, when this catastrophe occurs.

The right ventricle of the heart is in asphyxia according to most authors the "*ultimum moriens*." This Bichat believes to be owing to the dark blood which it contains, stimulating it to contract while the left ventricle remains quiescent after evacuating its contents, which the right is unable to perform, for the reasons before specified. The celebrated experiment where the left ventricle was made to contract, after the right had ceased its action, by tying the aorta so as to confine the dark blood in the left ventricle, and then employing the right ventricle, is a sufficient proof of the correctness of his opinion. The blood in asphyxia is not liable to coagulate, so that it is in a fluid state, capable of being moved as soon as any impulse is communicated to it. If it were not for this circumstance we should be unable to restore the circulation after it had been once suspended, and all our efforts at resuscitation would prove abortive.

Keeping in view the pathology of this affection, as presented by Bichat, it is evident that much advantage may accrue from inflating the lungs with some article capable of supporting respiration, which at the same time possesses highly stimulating properties, so as to arouse the impaired energy of the nervous system into action.

These indications I conceive to be answered by the vapor of sulphuric ether, which, in the experiments narrated in section first of this essay, was found not only to exert a powerful influence over the nervous system, but also to be capable of sustaining the chemical phenomena of the lungs for hours, (and of course indefinitely,) even when combined with carbonic acid gas, thereby excluding altogether the atmospheric air. But whether we employ nitrous oxide, chlorine air, or ethereal vapor, for the purpose of inflating the lungs, there is one circumstance likely to occur, which is usually very embarrassing, especially when the ribs are rigidly held in their collapsed state by the muscles, in which case all attempts to inflate the lungs may entirely fail in consequence of the regurgitation of the gas or vapor through the glottis. In order to obviate this difficulty, I propose instead of performing the operation of Tracheotomy to employ the following simple instrument.

This consists simply of a common elastic catheter, having a section of any cylindrical membrane, as for example, the intestine of a hog, or other small animal, tied over the upper orifice at both extremities in such a manner as to form a chamber communicating with the calibre of the tube, by means of this orifice. This instru-

ment, while the membrane is in a flaccid state, is to be introduced through the glottis until this membranous chamber is in the trachea; and then by affixing a syringe or bellows to the other extremity, the lungs may be inflated without any regurgitation, for the air organs traversing the tube of the instrument, passes out at its upper orifice so as to inflate the chamber and keep it tense, constituting a complete valve, blocking up the trachea while the lower orifice allows succeeding portions of air to pass into the lungs, so as to inflate them synchronously with the valvular chamber. To this instrument, when the ethereal vapor is to be administered, I propose to add a modification of common pewter syringe, consisting of a hollow globe communicating with the cavity of the syringe through the intervention of a valve.

The ether is to be put into the globe of this instrument, and on withdrawing the piston the cylinder of the syringe will be filled with ethereal vapor, which, on pushing back the piston, is forced out by the ordinary aperture. This modification of the syringe will also enable us to administer the chlorine with great facility, by placing in the globe chloride of sodium, black oxide of manganese and diluted sulphuric acid by which it is evolved, or the black oxide and hydro chloric acid, or the aqueous solution of chlorine, if it can be readily obtained.

As the sulphuric ether acts so powerfully on the nervous and vascular systems when inhaled it might be usefully employed in the cold stage of intermittents, especially where there is an inability to react attended with coma, and local congestions of the capillaries, on which system it appears to exert a considerable influence.

In the hot stage the spiritus nitri dulcis might be inhaled to promote perspiration, as in my experiments it produced profuse diaphoresis when thus exhibited, without exciting the nervous system in the slightest degree.

Might not the sulphuric ether be thus employed to counteract with advantage the depressing effects of various poisons, as digitalis, opium, prussic acid, &c.? The latter article is so fugitive that it almost immediately permeates the whole system after being applied to any absorbing surface. If it has been introduced into the stomach it is so rapidly diffused that the most delicate tests will not detect its presence in that organ, even if examination be made directly afterwards, and yet the whole frame appears to be imbued with it as

it emits the odor of peach blossoms, which characterizes this deadly agent. In cases of poisoning from this source, it must be evident that antidotes directed to the stomach could be of no avail. The only treatment that promises to be productive of any benefit, is directly and permanently to stimulate the nervous system. This indication may be fulfilled by the ethereal vapor which has been shown to be not only diffusible but persistent in its effects. As the symptoms produced by the typhoid contagion or virus are in many respects similar to those resulting from the hydro-cyanic acid, the same inferences may be drawn with regard to its application in the collapsing stage of this and most other fevers of a low type. Perhaps a combination of the ethereal vapor with that of the essential oil, or spirits of turpentine, inhaled in these cases might be attended with advantage.

I have known the ethereal inhalation to relieve chronic sick headache in several instances, and as this disease has its origin in the stomach, and the sympathy between the lungs and this organ is very direct, we might reasonably expect this result. The sympathetic communion of the stomach with the lungs was very apparent in the case of Mr. Marriott, in whom the ether when inhaled produced vomiting in the first instance, as narrated in the first section of my essay.

To Professor Physick we are indebted for the introduction of ethereal inhalation into the practice of medicine.

It is well known to many that he has long been in the habit of recommending a mixture of Hoffman's anodyne and laudanum to be inhaled for the purpose of relieving catarrhal affections. I have employed the sulphuric ether with a similar intention, with decided advantage; and by a reference to the foregoing part of this essay, it may be seen that the effects of the sulphuric ether and those of Hoffman's anodyne, are peculiarly analogous when inhaled. But of all the diseases incident to the human frame, there is perhaps none so well calculated to excite our sympathy as mental derangement in all its grades, of hypochondriasis, melancholia and mania. To

"—minister to a mind diseased,
And from the heart pluck out its rooted sorrow,"

is certainly worthy the noblest efforts of our intellectual powers; but even the most sanguine must allow, however humiliating the

admission, that the majority of cases are irremediable. Some instances, however, have occurred where melancholia was removed in consequence of raving mania supervening, which has generally been considered as more susceptible of cure than the preceding affection.

Might not the stimulus of ethereal vapor, pushed to its highest extent in a similar manner, be productive of benefit in these cases, by revolutionizing, as it were, the nervous system? It is at least worthy of a trial, and if we are unable entirely to effect a cure, we may in some degree alleviate the sufferings of the insane, by driving afar through its exhilarating influence the "azure demon" of ennui. In order, however, to produce any beneficial results, it would be necessary to keep the patient for a length of time in a small and close cell, surrounded with an atmosphere of ethereal vapor, which could be admitted from without, in a state of dilution with air, by means of a tube communicating with an appropriate apparatus for generating it. Thus the patient would involuntarily inhale the ethereal vapor for an indefinite length of time, and the effects could be regulated according to the circumstances of the case, by increasing or diminishing the degree of dilution.

There are other affections to which this mode of exhibiting the sulphuric ether might be applicable, but the limits of this essay will not permit me to give them a separate consideration. I shall therefore conclude what I have to say on the subject, by observing that I leave it to stand on its own merits. If its employment eventuates beneficially, my labors have not been in vain; but if no advantage results from it, I am content that it should follow "the tomb of all the Capulets," the shades of innumerable antecedent suggestions that have been productive of no utility to mankind. Here I might with propriety conclude, but something more appears to be demanded by way of epilogue. Unaccustomed as I am to tread the flowery paths of panegyric, I shall not stain my page with fulsome flattery or mistimed applause, which cannot fail to shock the ear of delicacy, and draw down merited contempt upon its author. I shall, therefore, only avail myself of the opportunity to observe, that this essay was written under circumstances peculiarly disadvantageous, during the intervals of attendance upon my final course of lectures in this university; such as it is, however, "with all its imperfections on its head," I submit to your inspection, under the full conviction that it will meet with a candid and impartial criticism.

PERIOSTITIS FOLLOWED BY NECROSIS.

REPORTED BY T. S. WILLIAMS, M. D.

IN December, 1852, Harry Strous, laborer, received a slight injury on the right foot near the first joint of the great toe, caused by the heel of a boot, which he was drawing from the other foot. There being no abrasion of the skin, nothing was thought of the injury, and he continued to wear a boot upon the foot, and went to his work daily, although at night he suffered a good deal of pain, after the boot was withdrawn. At the end of a week, his nightly sufferings were so great that medical aid was called in, and cold water applications were recommended, and used for three days; without, however, affording any relief; the inflammation having spread over the whole dorsal surface of the foot, and the pain becoming much more severe, fourteen leeches were now applied, still not the least improvement. An Allopathic physician was now called, who recommended blistering and poulticing on alternate days, which was continued perseveringly for more than five months; the entire limb was by this time affected, and the flexor muscles were so much contracted as to draw the leg up at nearly right angles with the thigh. Scrofulous enlargement of the head of the tibia had, in the meantime, taken place, and the general health and strength of the patient were so much impaired, that the physician now declared that he could do nothing more for the case, and gave it up as hopeless. Several eminent Allopathic physicians were now consulted, and the disease was pronounced scrofula, and of so dangerous a character that the man's life could not possibly be prolonged more than two months, without the immediate amputation of the leg.

He being unwilling to suffer the loss of a limb without further efforts to save it, consulted me in the latter part of June, 1853. His appearance at that time was such as to offer but little encouragement of his final recovery. His right foot was very much swollen and inflamed, having much the appearance and feel of a sponge, from the numerous pores of which issued a thin serous fluid, mixed with pus and blood; over the metatarsal and first phalangeal bone of the great toe, were several fistulous openings, leading through the puffed cellular tissue to the bone, which latter I found, upon introducing a probe, to be already carious.

The entire limb was reduced to about one-half its natural size by muscular atrophy, and the leg drawn up as before stated, the strength of the patient was completely exhausted by pain and want of sleep, he not having had a comfortable night's rest for several months, owing to the intensity of his sufferings.

The treatment was commenced with Calc. car., 6, repeated daily, for the first few days, and then at longer intervals. The remedies subsequently used were Sil., Sul., Phos., Phos ac., Merc., Merc. hyd. and Rhus. Linen cloths, wet with moderately cold water, were applied, and renewed as often as they became heated by contact with the foot; this, with an occasional dressing of simple cerate, constituted the local treatment. The improvement was prompt and rapid, and after three days no more pain was experienced, and the patient rested well at night. The foot, in the course of a few weeks, assumed a healthy appearance, and became perfectly sound, with the exception of the fistulous openings, from which healthy looking pus and fragments of dead bone were discharged for several months. About five months after the case was placed under my charge, the patient complained of pain in the knee, which continued with more or less severity for several days, when a small dark bluish spot appeared on the inside of the leg near the joint, which soon opened spontaneously, and a considerable quantity of bloody pus, together with several thin, spongy flakes of bone, were discharged. The discharge continued several days, after which the opening healed, kindly and soundly, and from that time on, the improvement though gradual, was permanent. The limb by degrees regained its normal size, and by persevering friction with the hand, over the affected part, the contraction of the tendons has been so far relieved as to enable him to nearly straighten the limb, and from present appearances, I think that the difficulty will, in time, be wholly overcome. This case was watched closely for about six months, since which I have seen the patient at irregular intervals; but little medicine has been given during the last eight months, as the recuperative powers of the system seemed to be doing all that was necessary towards a perfect restoration of health. He is now able to use the limb fully, and walks several miles every day without any inconvenience whatever. There is still one small opening over the first joint of the great toe, and I doubt not that other fragments of bone will yet be thrown off.

DEFENCE OF HAHNEMANN.

A Review of the Doctrines of his Opponents, in a Series of Letters to James Kitchen, M. D., by W. Geib, M. D.

LETTER V.

On page 177, of Dr. Hempel's book, is to be found the following. "What Hahnemann has failed to accomplish, let us now try to accomplish for him." The object here proposed to be achieved is expressed at page 180. "Let me now proceed to an examination of the *bond that unites pharmacodynamics with therapeutics into one harmonious unit.*" I have taken the liberty of abbreviating this last quotation by omitting the definition of pharmacodynamics and therapeutics, and have put in italics the words, "the bond that unites into one harmonious unit." It is this bond, this harmonious union, that constitutes the Doctor's favorite postulate; not forgetting his "Spirit of Disease," and his "Starting Point," and a few et ceteras.

And how has our friend fulfilled this interesting and important promise of supplying to the Homœopathic world, what exceeded the gigantic genius of the learned and penetrating Hahnemann.

Having perused this third and last part of "Specific Homœopathy," I feel willing to venture the declaration that this attempt to change the principle of adaptation of morbid phenomena and therapeutics, as taught by Hahnemann's simple inductive phenomenology, and to substitute the doctrines of our author, is a total failure.

I begin to feel, Sir, how far the importance of this subject exceeds my abilities, and the propriety of apologizing for my own incapacity and verbosity. I trust, however, my motive has been appreciated, and may secure the attention of my readers to the end of this letter, which will reach the termination of my remarks.

At page 173, preceded by a well written review of the origin of medicine, we find the credit given to Hahnemann of having instituted a series of provings, "which for reliability, comprehensiveness, accuracy of observation and devotion to science, will commend themselves at all times to the confidence and admiration of every friend of scientific truth." I quote this to show that there is no

difference between Hahnemann and our author in the study of pharmacodynamics, and that he considers the *Materia Medica-pura* of the father of Homœopathy a model production.

But alas! all this work is of no use, for "it does not tell us in what way the effects of mercury and other remedies are related to disease, or to what diseases."

Here is the sticking point, as well as the starting point. But instead of taking right hold of the business, and disposing of it agreeably to his impressions, he goes back to when our forefathers began to take purges; taxing our senses over again with that disagreeable part of medicine, the great pet with the votaries of *contraria contrariis curantur*.

And so our friend goes on to the end of the chapter, giving us theorems but no demonstrations. We have had something about ganglions, but it was very ambiguous, at least to me, and I am willing to ask pardon for my short-sightedness. I confess that a principle for the selection of a remedy, more simple than Dr. Hempel's starting point, or spirit of disease, including his bond, suits my capacity best. I am fond, in times of cholera, of turning to the *Materia Medica*, and going over the pathogenesis of the abdomen, &c., of certain remedies that are in homœopathic rapport with that disease; and having cured a threatening case of dysentery with *Mercurius*, it is a great pleasure to review this pathogenesis of our good old master, whose dictum the Doctor professes to despise, and there to see the correspondence of symptoms of remedy and disease that makes Homœopathy a science, and Hahnemann the greatest of benefactors of the human race.

We reach page 176, without making any practical demonstrations, though we are encouraged by the question, "what drug will cure a given disease, and by what indications is the drug to be recognized? But instead of answering the question, as would seem to be promised, we are told "the answer belongs to the domain of reason," &c., &c., &c., to the bottom of the page, and then taking a random shot at *similia similibus*, he goes right into the *Materia Medica pura*; which he again compliments very deservedly as a model of exact and patient observation. He complains however that its thousands of symptoms are not connected by any "*logical* or *internal* bond." They constitute, he says, an "incoherent list of pains, nervous sensations, eruptions, dreams, abnormal mental

conditions, which do not reflect the image of a *single disease*, in a clear, unmistakable and complete manner." Here we appear to have another stand point, but our author declines the contest, and we reach page 179, still without demonstrations. This page is devoted to a notice of empirics in Homœopathic practice, for whom at the bottom of the page he makes the following apology. "And what else could the practice of Homœopathy be, with a M. M., in which the symptoms of all diseases are *mixed up* in one confused mass; where scientific order is superseded by an illogical, repulsive, soul-withering uniformity, in the exterior arrangement of the symptoms," &c.

As we pass down page 180, we are amused with a notice of "symptom doctors, and carrying dead books from door to door;" but still no demonstration of the "bond." At the bottom are the promising words, "let me now proceed to an examination of the bond;" but on we go again, and stop at the middle of page 185, having learnt no more about the Doctor's pets than if he had never named them. But those pages are far from being without interest, and they strongly confirm the high opinion I have learned to entertain of Dr. Hempel's excellent attributes as a man and a theologian.

Passing through some very pleasant reading, but seeing nothing of the bond, we find some definitions of disease; which are always a subject of interest to the physician, when they aid to demonstrate the means of curing it. If I understand the Doctor rightly, he says, some people think, when a man is sick, that the devil is in him! and some think, much more wisely; it would seem to me, that "disease is an abnormal condition of the vital force." The definition adopted by our author is a *disunion* between the physical and spiritual man. And he adds, very beautifully I think, that the perfection of this union is the culmination of health and happiness. But he thinks the soul is never sick! that it preserves its perfect identity and integrity through all the vicissitudes of the body. This doctrine is certainly not orthodox, with the soul's responsibility for "acts done in the flesh."

We find ourselves near the end of page 190, and still without the promised demonstrations. I think the reason for this apparent difficulty may be plainly seen in the speculations beginning on page 189, and referring to the physiology of disease. To make our friend's starting point his *punctum saliens* of disease intelligible

to common capacities, is certainly an undertaking of no ordinary magnitude.

Allow me to premise, that we understand disease to be an altered state of the organism, departing more or less from that of health. But does the word state, so extensively used by pathologists, mean any thing more than condition? A general malaise is evidence of some deficiency in the health of the organism, and as such, may be denominated disease, and be a fit subject for medical treatment. Now what becomes of the "starting point, or the spirit of disease," in a case like this, of "alloverishness, and nothing the matter in particular." It may be the effect of an indigestion, mental or physical fatigue, moral disturbance, vicious habits, a lesion, &c. What can we do but, as our sensible old master tells us, seize on the *predominant characteristic symptoms*, prescribe for them, and trust to nature for the rest.

Here is a starting point right before our eyes, that any sensible man or woman may understand, and if the medicine selected be the right one, no one will dispute, that *all* the starting points, however concealed from mortal ken, are necessarily covered by its action.

Rau, one of Dr. Hempel's standard authors, and who no doubt should be so for all Homœopathic practitioners, our very worthy colleague, Dr. Hering, to the contrary notwithstanding, after a struggle to escape the imputation of being a mere symptomologist by his learned associates, gives some cases that are too relevant and conclusive to omit in the present connexion. These cases are preceded by some pertinent remarks, which I translate with the cases from his *Nouvel Organon*, p. 215, &c.

"The *essence* and *form* (of disease) are generally united in the most intimate manner; and the *form* generally points out to us the *surest* way to arrive at the cure."

"I advise, even at the risk of favoring irrationalism, to *employ a treatment purely symptomatic*, in all cases where the diagnosis does not furnish positive indications, and to choose a remedy whose primitive effects offer the greatest analogy to the existing morbid symptoms."

"It is not long since I was called to a young woman who was suffering with toothache; she could not tell the cause, and but few symptoms were present; a troublesome *itching* over the whole body after going to bed, then a tearing toothache, gnawing in the upper

jaw on the left side, which prevented sleep; tongue white and somewhat charged; during the day great lassitude and bad humor, and occasional attacks of violent sneezing, with fluent watery coryza. Several medicines responded to the ensemble of the symptoms, among others Chamomilla and Sulphur. But the *violent sneezing determined me* to give Cyclamen. The pain did not return."

"A robust female of forty-seven, of fresh complexion, subject to congestion, for which she had been bled several times, was attacked, in full health, while exerting herself, with hemorrhage from the lungs. She discharged more than half a pint of hot florid blood, without cough. I was sent for in great haste. With the exception of a full, hard and slow pulse, no morbid symptom could be discovered. There was no pain in the chest, respiration was free and easy. Bleeding was proposed, but I would not consent, and gave Aconite to appease the vascular irritation. The next day the hemorrhage returned at the same hour. The case appeared the same, with the exception only of a *pain in the right knee*., a symptom peculiar to *Ledum Palustre*. I did not hesitate to administer this remedy, which responded equally to the vomiting of blood. The attack was not renewed."

"Some time since I treated a carpenter's apprentice, about fifteen, who was suffering with a sciatica. My efforts proved vain for several weeks. His father having complained to me of his loss of memory, *this symptom directed me* to Staphysagria, of which a single dose cured him in four days. Nobody can tell what is the *nature* of the *rapport* between the memory and sciatica, and yet the knowledge of the fact is important."

"A lady inclined to a full habit, about forty-eight years of age, had been subject, since the cessation of her menses, to frequent accesses of nightmare, which I was inclined to attribute to congestion. But all I could prescribe for two months produced nothing. Dissatisfied with my bad luck, I submitted my patient to a further examination, and learnt that she was often tormented with a violent *itching* between the shoulders, and that a miliary eruption had appeared on the back. *To this symptom* responds Kali-carbonica, which also covers the nightmare. Two doses removed the malady in five days."

"A very irritable woman of a quarrelsome humor, thinking, in her fourth pregnancy, that she would die in child bed, fell into a

melancholy, for which I was requested by letter to prescribe. Her case was imperfectly stated, but Aurum appeared to be the appropriate medicine, which however did no good. I tried Jusquiamine with no better success; but having an opportunity to see and examine the patient, I learnt that she often grated her teeth. *This symptom* belongs only to a few remedies, and among them Conium, which also responds fully to the humor, as well as the other symptoms. In a very short time a remarkable amelioration took place.

Here, sir, is Hahnemannian phenomenology to the hilt. Could not the Doctor exemplify his *spiritual therapeutics* with a few similar cases, for the benefit of the less penetrating part of his readers, who may not be likely to reach his theory in the dark *arcana* of nature, unassisted by some well illuminated land marks?

Our good Hahnemann furnishes the analysis of two cases in his *Materia Medica*. These supply examples of his astute observation and industry, and exhibit the beautiful adaptation of remedy to disease, agreeably to the law of *similia similibus curantur*, on which his infallibility depended. It has been said that Hahnemann possessed an intuitive power of adapting remedy and disease; but these examples amply prove that he worked hard for his patients, and the immortality of his system.

They are found in the preface of the second volume of Hahnemann's *Materia Medica Pura*, and should be studied by every Homœopathic practitioner, as a safeguard against the fallacious doctrines of restless innovators, and a beautiful exhibition of Homœopathic phenomenology.

And these examples present an irrefutable evidence against Dr. Hempel's imputed stupidity in our immortal master, who stands accused in a book that enjoys companionship with the legitimate literature of Homœopathy, of imposing a diagnosis on his disciples and their patients, of several hours in length!

Here we have *seven and eight* characteristic symptoms as forming the analysis of the morbid affection to be treated, followed by a pathogenetic comparison, and its counterpart a therapeutic synthesis. Concentrating with overwhelming evidence, in the one case in Bryonia, and in the other in Pulsatilla. Showing the beautiful simple unencumbered outline of Homœopathia, in her naked individuality, the veritable Deity of medicine, and faithful companion of her true and loving sister Hygeia.

A unique and inviting little paper, the Homœopathic News, Vol. I., No. 1, contains a similar tableau from Hahnemann. But may I take the liberty of suggesting to our learned friend C. H., that it wants the synthesis of the cases just quoted, to make it fully available to his novitiate readers? The article signed A. L., in the same paper, on cholera, is characterized by that desultory method of treating diagnosis and therapeutics, that is often more calculated to distract than to concentrate the mind on the single remedy, which is to remove the morbid affection with all its concomitant sympathies; and to which charge, it is thought by some, that Jahr's and other repertories are obnoxious.

It would appear that the experience of Homœopathic practice has amply proved, besides the maxim *tolle causam*, so strongly urged by Hahnemann and so consonant with common sense, the whole art and science of the Homœopathic physician are concentrated in the selection of a simple remedy for the case before him; choosing a second and a third one, agreeably to the phenomenal changes that may be presented. That such a choice should be predicated on some positive data, that can be read, studied and referred to, and not be contingent on the *ratio join cination* of learned gentlemen, perhaps too learned, must be manifest to every true votary of our simple and successful system of practice.

And where are these data to be found, if not in our *Materia Medica*? Are the phenomena to be found there, also to be seen in the morbid effects of natural causes? No one disputes this fact. Then where lies the difficulty that has generated opposition to the accepted claims of Homœopathy? Simply in the *apposition* of these artificial and natural phenomena; the symptoms found in the *Materia Medica*, and those found in the patient. The cases quoted in this letter, from Rau, and thousands of others that might be quoted, prove most conclusively that *similia similibus curantur* is the law of this apposition.

But they also prove another very important fact; that learned gentlemen, either from indifference, ignorance, or want of opportunity to investigate their cases, as the good and indefatigable Hahnemann did, get hold of the wrong medicine; and being disappointed, dive into metaphysics and spiritualizing theories, to find reasons for the errors of Homœopathy, and wisdom to supply the deficiencies of their predecessors.

The *Materia Medica* is the Bible of Homœopathy. There, aided if you please, by auxiliary works, are our cases to be satisfactorily studied; and whatever is done to facilitate that study, will ever be a boon to the disciple of specific medicine.

I will hasten my subject to a close; fearing that your patience and that of the readers of our journal, and the kindness of its gentlemanly editors, have already been too severely taxed.

We left Dr. Hempel at page 190 of his book, still without any demonstration of his new theory, "Specific Homœopathy." At page 194 we are presented with some explanation of the reason why medicines cure disease; which appears to present another novelty in his theory. Making "*sympathy*" the law, he insists that it exists directly between the pathogenetic phenomena of the remedy and the natural morbid symptoms; and *not indirectly through the organism*. I presume this may be termed the law of *morbid affinity*. And to carry this out, he makes these two morbid agents, *quite identical*, as follows: "The *same* morbid force, which, by invading the organism under appropriate circumstances, develops a certain series of pains and derangements, which we term disease, also embodies itself, by acting upon the *material* molecules of nature, *in the shape of some poisonous animal, plant or mineral*."

Is not this more difficult to demonstrate than the "starting point?" In place of contemplating the organism as the *materix* of morbid phenomena, both pathological and pathogenetic, as the depository of disease, and the medium of therapeutic agency, we are to regard these two antagonistic principles as entirely independent of the organism, like the soul, and as meeting each other by the law of *sympathy*. According to our friend's theory of *absorption* quoted in a previous letter, it would probably be nearer his idea to say, by the law of chemical affinity. But this is only *en passant*; we proceed to look for the solution of the main question, *the new and invaluable theory*, by which Homœopathic physicians are to realize the long sought desideratum of curing disease by the apposition of their remedies "on a *rational basis*." In which the most voracious phenomenal gourmand is to be content with some forty remedies. Diagnosis is to be reduced to a mathematical point, which is nothing, and disease is to be cured by a corresponding remedy, "*correspondentia correspondentibus curantur*." All we have to do is to find the two "starting points," the one of disease, and in the body, and the other, of the remedy, the Lord knows where.

At page 209, our author makes a final disposition of *similia similibus curantur*, and to our surprise we find him as completely orthodox as though the text had been written by Hahnemann himself. As this page contains a final appeal to the readers of the "Organon of Specific Homœopathy," and is a summing up of the argument in defence of the doctrine of a "starting point," it should be read by all who may feel interested in the subject under consideration; as showing conclusively that the primordial doctrine of our immortal master is invulnerable and unassailable by any reasoning to be found in the volume of his present opponent. Also a glance at the opposite page, 208, will exhibit a singular apparent want of harmony in the Doctor's ideas on this subject. I must not omit to notice what appears to be the only demonstration of the starting point to be found in the book, and given page 204, in explaining the action of Aconite in fever. Our author, in speaking of vascular embarrassment says, it depends on the depression of the capillary nerves, and that this *depression* is the legitimate object to be cured in predicating our remedy, in this particular case. Here, therefore, we have an example for the apposition of a remedy, and must regard *depression* as his starting point. How near this comes to the phenomenology of an orthodox Hahnemannian, I will submit to you and my readers to decide.

I will take leave of this subject by expressing a hope that the arrangement of our *Materia Medica* may soon claim the attention of some of the savans of our school, and be put in a form that will afford facility and certainty to the practitioner in the selection of his remedies. The *regional* basis would seem to be the one, and the only one, that is able fully to respond to this want.

A very excellent volume on Homœopathic practice, lately from the press of Rademacher & Sheek, and written by our learned brother in specific medicine, Dr. A. E. Small, contemplates this principle in the arrangement of its matter, and I have no hesitation in regarding this work as a desideratum in the legitimate practice of the doctrine of *similia similibus curantur*.

I close these letters, sir, with the assurance of my high respect for your learning and talents.

W. GEIB.

P. S. Nothing has been further from my wish than to indulge for a moment in the least want of good feeling for the gentleman

whose opinions I have opposed ; still, some of my remarks, as I learn at this moment, have been so construed by one or more of the readers of the Journal. In the warmth of defence of a man like Samuel Hahnemann, and it may be said, in the pride of so important a duty as expounding his doctrines, it is possible a little exuberance of feeling may have characterized some of the language of these letters ; but I hope nothing in them will be construed to mean any personal offence to the author whose opinions have been the subject of criticism ; for whom, as a scholar and a gentleman, it will always give me pleasure to entertain the highest regard.

THE CHOLERA IN PITTSBURGH.

BY J. P. DAKE, M. D.

PITTSBURGH has been celebrated for its healthfulness in all past time. While brushing their way through smoke and soot, in the prosecution of their business, the people of this city have always felt a freedom from the fatal fevers that visit the cities of the South and West, and also from the cold consumption-bearing winds of the North and East.

Why this should be so much freer from the ravages of disease than other, and even neighboring cities, we will not here attempt to explain. We may say, however, that our latitude gives us a moderate climate—we have on either side of us a pure, free-flowing river—the country around is high and rolling—while the site of the city is so uneven, that every part is readily washed and drained. Added to these considerations, our people are decidedly industrious, generally sober, and much given to the use of soap and water.

The sweeping and violent epidemics and contagious diseases that have visited other cities in our country, have scarcely found a victim here. The cholera in 1832, prevailed here only to a limited extent. In 1849 and '50, it came again, but did not prevail ; although a part of Birmingham, a village across the Monongahela, suffered considerably from its ravages. During the past summer, an occasional case has occurred in our midst, the seeds of the disease having generally been contracted by such persons in other places.

On the 14th September, the disease appeared in an epidemic and most virulent form; in the short space of twelve hours, removing no less than thirty-nine individuals from among us. The terrible destroyer seemed to stalk through our streets and alleys, entering without distinction the doors of the rich and the poor—taking here a parent and there a child—here the strong and there the weak. In less than ten days, more than five hundred had fallen before its march. The panic among the people may better be imagined than described. In a city, where eighteen had been the highest average number of deaths a week, it was truly appalling to see nearly four hundred carried to their graves in that length of time. Many fled the city—some of them only to die away from home and medical aid.

As usual in most other places in the outbreak of this dreaded disease, the people, wishing for something *strong*, resorted generally to allopathic prescriptions and nostrums. Soon, however, it became manifest that such treatment not only failed to cure, but even hastened the death of nearly all who were its unhappy subjects. Brandy and opium, mixed in all proportions, and with a variety of other things, as mere accompaniments, seemed to be the allopath's chief reliance. Some, however, turned to the all-healing, old, "regular," sine qua non, *calomel*, and dealt out their ten, twenty, or forty grains, with almost as much certainty as death deals arrows for himself. One or two, I heard of, who could rely upon no medicine as sufficiently strong, till they came to *strychnine*. To the credit of the old "order," I will state, that one of their number condemning the treatment mentioned above, gave in every case an *emetic*; and to his credit I will further state, that he was far more successful than any of his brethren. Had they all adopted the treatment of their wiser brother, or that of Dr. George Johnson of London—*castor oil*—they might have shown some proofs of usefulness during the late epidemic. The discovery of camphor, cuprum, castor oil, and emetics, as cholera medicines, by the allopaths, is surely bringing them in our direction. It will probably not be long now till they discover the *homœopathic law*!

During the last few days of the cholera's ravages, the people flocked to our homœopathic offices, as if all hope of help from other sources had failed them. We were all pressed to such a degree, that we scarcely had an hour's uninterrupted sleep. For two days,

I was run quite off the track and obliged to lay by for repairs. Our chief remedies were such as have proved themselves efficient in other places during the prevalence of the same disease, such as:—*Camphor, Veratrum, Cuprum, Phosphorus, Phosphoric acid, Arsenicum, Colocynth., Dulcamara, China, Sulphur, et cetera.* Most cases began with rice-water, or milky-water dejections. In some instances there were not more than two or three of these, accompanied or followed by slight vomiting. The exhaustion or rapidity of sinking seemed not in proportion to the quantity of fluids lost. Very few were seized with cramps at the onset of the disease. Sometimes the diarrhœa existing for days before the full development of cholera was of a bilious character.

Following the pointings of the homœopathic law, I did not experiment, so as to be able to surprise the profession with the discovery of some new and undreamed-of remedies. In each case, I endeavored to select and employ those medicines which, under the law *similia*, the symptoms pointed out. Beyond what we all acknowledge as the reliable *Materia Medica* I did not attempt to go. Although I did not, during the most pressing and exciting period of the epidemic, keep a full record of my cases, yet I can report full ninety per cent. of them restored to usual health. This percentage, I am satisfied, would not have been so good, but for the fact, that nearly all I attended, were in homœopathic families, where good nursing helped the medicine. Such was the state of my health, that from the first I was obliged to refuse all, or nearly all cases, occurring outside my own circle of patrons.

The practice of all our physicians in this city, so far as I can learn, was very successful. I have no doubt our cause has been advanced by such success, as much as five years of ordinary practice could effect. Homœopathy bears itself up nobly in every contest, whether with cholera, yellow fever, or its equally malignant, yet less to be dreaded opponents—old school physicians and their allies. Those who adhere to its teachings must ever be successful; and the truth in regard to their success needs not to be magnified. Leave *bragging* where it legitimately belongs—to bear upon its rickety stilts the hosts of quackery. Truth, simple and plain, is the basis and advocate of homœopathy.

From all that I have been able to observe of facts and circumstances characterizing the late epidemic, I am unable to draw any

satisfactory conclusions as to the cause or causes of its appearance here. The summer, especially the latter part of it, had been exceedingly dry and hot. Our rivers were very low, and consequently of less rapid current. On account of the dryness of the season, the scavengers had been more neglectful of the streets and alleys than usual. The fruit brought into market was all sun-ripened, there having been little rain or moisture in the atmosphere to make it plump and juicy. The potatoes and other vegetables were also badly ripened, or rather cut off from further nourishment by the drought before they had reached maturity; and the potatoes imported from abroad came in a diseased, decaying state, if anything, less wholesome than our own. Now, in the midst of this state of things, as before stated, the cholera broke out simultaneously in every part of the city. How it came, or what were its causes, we have sought to learn. At first, we thought it came borne on the winds, which just then had changed and freshened up from the north-west. But had that been the case, why should it fall only upon this city, the surrounding country and villages escaping it altogether?

We thought it might be from the sudden change in the temperature of the atmosphere, which just before had fallen several degrees. But had that been the case, why should Alleghany City, just across the river, escape with only an occasional case?

We thought it might come from the imported potatoes. But they were used in Alleghany City also.

We thought it might be from the filthy condition of our streets. But the streets of Alleghany were far worse than ours.

We thought it might be from unusual properties in the water used. But the water was taken from the same river which supplies Alleghany, only with this difference—the pipe leading to their reservoir enters the river a few hundred yards higher up than that leading to ours, avoiding thus the emptyings of a few sewers, which can have little if any influence upon the properties of the water drawn up to our reservoir.

But, granting that the water we used was bad, and caused the cholera, why should it also prevail in Birmingham and other places, where the water is taken from other streams or from wells?

It was thought, also, that it came, or was not prevented from coming, because the iron founderies, forges and other workshops

were not in full operation, so as to envelope the city in their smoke. I say "it was thought" so, because none but a native Pittsburgher, who esteems the smoke more than I do, could thus think. But it could not be from absence of smoke, because Alleghany was deprived of the same luxury and had no epidemic cholera.

Of one thing, however, I am fully satisfied, that there is not one specific cause for all cases of cholera, occurring in the same community. To me, it seems evident, that there must be a certain peculiarity of constitution—certain temporary conditions of system or health,—and, lastly, an exciting cause—existing and operating together, to produce a case of cholera.

These three causes are as essential in the production of cholera as are the soda, acid and water in the effervescence at the soda fount.

As the acid and alkali, although pulverized together, exhibit no effervescence till water is added, so the *constitutional* and *temporary* causes of cholera may exist in a person without producing symptoms of that particular disease, till the *exciting* cause is added.

Now, exactly what that *peculiarity of constitution* must be, and what the *temporary causes*, and what the *exciting*, we must confess we do not know; much less how they combine, and when their action may be expected. These points are all, as yet, wrapt in mystery. But thanks to Hahnemann, we have not to stand by as idle spectators, while this terrible disease is slaying our fellow-beings, our friends and families around us, not able to render them assistance till these *mysteries* are all cleared up. We have knowledge of the great therapeutic law which guides us to the successful treatment of diseases, the causes of which are hidden in the deepest obscurity. Nor have we even to wait for tardy, stammering, forgetful *experience*, to "drag his slow length along" to tell us what to do. The patient, with his symptoms before us, the law *similia* in our right hand and the pure *Materia medica* in our left, we are ready at once for action. Thanks to our beneficent Preserver for Hahnemann and his homœopathy.

MESSRS. EDITORS:

The *Hahnemannian Medical Society of Rhode Island* was organized at Providence, on Saturday, 21st inst., and the following gentlemen were duly elected officers for the ensuing year:

PRESIDENT.

A. HOWARD OKIE, M. D.

VICE PRESIDENT.

C. G. McKNIGHT, M. D.

SECRETARY AND TREASURER.

N. FRANCIS COOKE, M. D.

CENSORS.

J. J. DEWOLF, M. D.

WASHINGTON HOPPIN, M. D.

The object contemplated by this Association is briefly set forth in its constitution to be "The advancement of medical science by meetings and re-unions among its members."

The Society already numbers seventeen *active* and nine *honorary* members, and, we trust, many worthy names will yet be added. Meetings will be held *monthly* and *quarterly*, and each active member is required by the regulations to furnish some medical fact or discovery.

Such papers as may be deemed of sufficient importance will be forwarded to you regularly for publication. Trusting that our Society may thus become the means of extensive usefulness, I am, gentlemen,

Your obt. servant,

N. F. COOKE, *Secretary.*

From the British Journal of Homœopathy of October, 1854.

VARIOLUS INOCULATION TO SUPERSEDE VACCINATION.

BY DR. ROSSU.

OUR contemporary the *Journal de la Société Gallicane*, gives us an extract from the *Revue Médicale* relative to this subject, which is at present exciting some attention in France. We here present our readers with the article.

Under the auspices of Mr. Bouchacourt, a thesis has just been published, entitled; *Essay on lacto-variulous Inoculation, as a substitute for Vaccination*, by Dr. Bossu, Interne of the Lyons Hospital.

In this thesis which is divided into two parts, we first find the motives which led the author to undertake his experiments, then some reflections upon the nature and degeneration of vaccine, and lastly the two kinds of processes intended to regenerate it.

As regards the motives for the experiments, they are justified by the fears which are generally entertained relative to the efficacy of vaccination; as regards the reflections on the degeneration of vaccine, they are already familiar to most of us by the lectures delivered last year by M. Trosseau, at the Hôtel Dieu; and finally, as regards the processes proposed for the regeneration of the vaccine, they are also very well known. It has been attempted to do this: 1st, by inoculating cows or human beings with the disease of young horses called *eaux aux jambes* (grease); 2d, by inoculating cows with the variolous poisons without wounding the skin, that is to say by means of enveloping the animal in the blankets of a human being who has died in the suppurative stage of confluent small-pox—this is called the process of Dr. Sunderland of Barnew; 3d, by inoculating cows by means of a wound in the skin with vaccine matter, in the hope that the virus would thereby recover its primitive activity; 4th, by inoculating cows by means of a wound with the variolous matter, under the notion that the variolous virus would thereby lose all the qualities that render it formidable to man, and regain the innocuousness of the cow-pox.

As a result of all these experiments, M. Bousquet, the reporter to the permanent Commission of Vaccination of the Academy of Medicine, the most competent authority on the subject, came to the conclusion that vaccine lymph is always the virus preferable to all

the others, and that the only way to effect a real regeneration was to employ fresh vaccine, or to renew it from time to time. One difficulty only presented itself; cows were subject to a true and a false cow-pox, and the most attentive observation does not enable us to distinguish the true from the false. M. Bousquet, unable to settle the matter otherwise, says we must employ the matter contained in the pustules we find on the animal, whether they be the true or the false cow-pox,

The problem, we conceive, demands a different solution, for what, as Dr. Duché d'Onane well remarks, is to become of vaccination if we know not when we have true, when false cow-pox; in other words, if we know not when our patient is protected from the small-pox?

In speaking of the labours of those who have sought to regenerate the virus through the medium of the cow, we should be guilty of injustice were we to omit alluding to the incessant researches of those who have sought to regenerate it without that medium. We refer to those who have sought to modify the human variolous virus itself, so as to enable us to use it without danger for the purpose of inoculation. Among these the most distinguished is Dr. Brachet of Lyons. In 1852 this gentleman addressed a letter to the Academy of Medicine, in which he detailed the practical results obtained from an inoculation made with variolous virus mingled with cow's milk. In this letter we find an account of the remarkable observation made at the Hôtel Dieu of Lyons in 1853. A whole ward full of patients was seized with an epidemic of small-pox except three children, whom the professor had inoculated with a mixture of variolous virus and cow's milk. It is then to M. Brachet, not forgetting Dr. Thielé of Kassan, and Dr. Robert of Marseilles, that the author of the thesis under consideration awards the glory of a method which is more nearly allied than ordinary vaccination to the nature of the disease it is designed to preserve from. In the employment of the cow's milk we notice that it retains some analogy with the cow-pox, which is, as well known, localized on the cow's udder.

We may now allow Dr. Bossu to speak for himself:

“Nature and conditions of the inoculated mixture.”—This mixture consists of nearly equal portions of the variolous virus and milk. But why, it may be asked, this preference for milk above all other fluids? Has it any particular influence on the variolous virus, or is

it that we only diminish its activity, as that of many acids is lessened by diluting them with water? Milk appears to us preferable, because it is, like the variolous poison, a product of animal secretion, that, like it, it is easily absorbed. But saliva, tears, the serosity of the blood, are also animal fluids and easily absorbable. It would doubtless be useful to try these fluids, and others also; their effects would perhaps justify the preference given to milk, by demonstrating that this fluid possesses a modifying action on the variolous virus.

“As regards the variolous virus, it was always taken from fine large isolated pustules, having still the variolous character and distended by a slightly opalescent serosity. It was never taken from the pustules when the fluid begins to get opaque and milky, when the pustule begins to shrink, to become depressed on the top, and to dry up.

“The variolous children from whom we took the virus, were two little girls and a boy; neither had been vaccinated, and the disease in them seemed to have been developed spontaneously and without contact.

“The three children had previously enjoyed good health, and seemed to have good constitutions. The youngest girl, aged 17 months, and the boy, aged 7 years, presented a variola of the most beautiful appearance, but discrete. In the second girl, aged 3 years, the variola was confluent, and presented more serious symptoms, locally and generally. This remark is perhaps not without importance for the results obtained from the inoculation, and we shall afterwards recur to it.

“*Mode of operating.*—In every case of direct inoculation, the pustule selected was opened by an ordinary lancet; a drop of the virus was received upon the point of the instrument, placed on a glass plate, and mixed with a nearly equal drop of milk; then, immediately, by means of a very clean lancet, the inoculation of the mixture was performed in the same way as in ordinary vaccination, Six punctures were always made on each arm, and six pustules were always produced. As regards the inoculation by transmission, they were performed in the usual manner.

“*Age and number of children inoculated.*—We have as a rule only had an opportunity of inoculating very young children; thus eight were only two or three days old; six were from five to seven months; four from one year to eighteen months; two from three

to four years; one was eleven years old. The whole number of children inoculated was 21. All appeared to have good constitutions and robust health. Two only had been vaccinated some months previously without apparent result, with ordinary vaccine. The mixture produced in them large pustules.

“All these inoculations were not performed directly by means of the lacto-variolic mixture. Most of them, on the contrary, were effected by transmission. The following is a general statement, without distinction of age or sex. 1st. Five children were inoculated at different periods with the mixture of variolous virus and milk. 2nd. Three were inoculated with the fluid contained in the pustules obtained by the first inoculation (first transmission.) 3rd. Three were inoculated with the fluid obtained from these last (2d transmission). 4th. Four were inoculated with the virus obtained from the second indirect inoculation (3rd transmission), and with equal success. 5th. Three were inoculated with the virus obtained from the pustules obtained by the first transmission, kept for a week. 6th. Two were inoculated with the original mixture kept for eleven days. 7th. One was inoculated with the fluid in the pustules produced by this last experiment.

I. “*Local phenomena.*—The local and general symptoms were in general so uniform, that it would be useless to enter on separate details of each experiment, which seldom differed from the others except in the age and name of the child inoculated. As regards the punctures, the following is the result of the examination made from day to day by means of the magnifying glass and the naked eye.

“First day. With the exception of the instantaneous and transient redness observed surrounding the punctures, and the small clot of blood closing the wound, nothing is perceptible, either to the eye or the touch.

“Third day. A slight elevation is perceptible to the finger and the eye at the position of each puncture. The rose-coloured areola is still very pale, but visible to the naked eye. The little depression at the apex of the elevation is perceptible, as if it were a wound, the borders of which were swollen by inflammation.

“Fifth day. All the above phenomena have become rapidly developed. The central mark is enlarged; the pellicle has become whitish, and the fluid it seems to enclose seems more transparent

and abundant. The areola is of a bright rose-colour, and the finger perceives at its circumference a considerable infiltration.

“Sixth day. The redness is intense and extensive. The infiltration is deeper. A vesicle containing a limpid serosity is formed.

“Seventh day. The vesicle has become larger and more prominent; the surrounding red areola is more extensive, it has the appearance of a pustule.

“Eighth day. The pustule is depressed; all around it is an elevated margin, hard, unequal, and red; the inflammation is active; the erysipelatous areola of each pustule is confounded with that of the others.

“Ninth day. All the above characters are more perceived; the pustules exactly similar in form to those of cow-pox, differ from the latter in size; those caused by vaccination now-a-days seldom exceed three or four in number after six punctures, whereas the pustules in our inoculations were always equal in number to the punctures made.

“Tenth day. All the symptoms are lessened; the pustules are collapsing and softening.

“Eleventh and twelfth days. The pustules grow yellow, then brown and dry; the inflammation has almost quite disappeared.

“Thirteenth and following days. There is a dry scab on the site of each pustule. This scab soon tumbles off spontaneously, or by being rubbed, and leaves a cicatrix of a rose-red colour.

“Such are the phenomena we have observed in eighteen subjects inoculated directly by the mixture, indirectly by transmission, by means of the same mixture kept for the same days, or by the fluid gathered from the pustules produced by previous inoculations, and similarly preserved in tubes well closed with Spanish wax. The external characters, the course and the termination of the pustules, were all almost exactly similar to those of the cow-pox.

“However in three cases we observed some exceptional phenomena, which, although they are of only secondary importance, deserve to be recorded. In two of the newly born infants two or three of the six pustules were, about the sixth day, surrounded by several small umbilicated and reddish pustules, not exceeding in size an ordinary pin's head. These disappeared the same time as the larger ones, and caused no modification of the course of the latter. It is by no means rare to meet with similar small pustules around

the ordinary cow-pox. We have only alluded to this circumstance in order not to omit any thing. We may moreover remark, that in the two infants the general symptoms seemed to be somewhat more intense, but not so much so as to cause any alarm. In one child of the age of five months, and of excessive sensitiveness, the local and general symptoms were somewhat more severe; about the sixth day not only were the smaller pustules observed surrounding the larger ones, but four others appeared, distributed over the right shoulder and the lower part of the neck. These additional pustules were small, vesicular, not umbilicated, and filled with a whitish purulent looking fluid. They disappeared at the same time as the inoculation pustules. The rest of the body showed no traces of any more pustules. The general symptoms were of such intensity, that for one day the child refused its food and lost its usual liveliness. We should state that in this child the inoculation was made by means of the virus taken from the little girl affected with confluent small-pox. Its health, we may add, was rapidly and perfectly restored.

“II. *General symptoms.*—Nothing remarkable was observed up to about the fourth day. The health was perfect, the appetite good, thirst normal, sleep tranquil. About the fifth or sixth day the children displayed a little anxiety; the skin got hot and dry; the sleep was slightly disturbed and more frequently interrupted; the appetite diminished and the thirst increased. About the eighth or ninth day the intensity of the symptoms commenced to diminish. The normal state was gradually re-established, and about the twelfth or fourteenth day the health was completely restored. All these phenomena, far from giving us any uneasiness, only appeared to us to indicate that the inoculation was successful.

“Such are the local and general symptoms, with their rare complications, observed by us. They are precisely those that accompany a good vaccination. Let us now reply to the question that naturally presents itself to the practitioner, viz.:

“*Does the lacto-variulous inoculation protect from the small-pox?* The proofs we can offer of the preservative virtue of the lacto-variulous inoculation consist in the fact generally admitted, that an individual who has been the subject of small-pox, cannot, for some time after having had this disease, be successfully vaccinated, or attacked a second time by small-pox; and conversely, that an individual successfully vaccinated, cannot, for a certain period, be

attacked by small-pox or successfully revaccinated. Each of these diseases consequently acts as a preservative against itself, and they mutually preserve one another.

“Eight or ten days after the disappearance of all the phenomena produced by the lacto-variolous inoculation, we inoculated two children from the arm of a child in whom the cow-pox was properly developed; and on both occasions at the same time and with the same lancet, we inoculated with the virus obtained from the same cow-pox, two children about the same age, who had neither had small-pox nor had been vaccinated. On each occasion there appeared on the fourth or fifth day on the arm of the children not previously vaccinated the regular cow pocks, which ran their ordinary course; whereas on those two which had been subjected to the lacto-variolous inoculation, there did not occur the slightest trace of a pustule, nor even the least sign of inflammation. Finally, we inoculated with the mixture a child which had been previously vaccinated in the ordinary way, and which presented the characteristic cicatrices on the arms. The negative result confirmed our anticipations. Thus the vaccine virus and the lacto-variolous virus reciprocally neutralize one another, and may be used as substitutes for one another, which is the most important point of the question.

There remains for examination a series of questions which demand answers; M. Bossu, the author of the thesis, passes them in review, and answers them in a most satisfactory manner. We shall here give a resumé of them.

“I. *What kind of variola is the best whence to obtain the virus for inoculation?* Answer: Discrete variola from an individual who has never been vaccinated. We have seen, among the twenty-one cases we have recorded, the exceptional character of the disease in the child inoculated with the virus of confluent small pox. It is hardly necessary to say that the constitutional health of the subject that furnishes the virus should be irreproachable. If we have the power of choosing, we should select a subject whose age is about the same as that of the child we wish to inoculate.

“II. *At what period of the inoculation of the variolous pustule should we take the virus for inoculation?* Answer; At the period when the pustules are still vesicular, and filled with a serous and limpid fluid.

“III. *What is the best age, and what are the general indications*

under which we should perform the lacto-variolous inoculation? Answer: All ages; but considering the natural predisposition of infancy, we ought by preference to perform the inoculation in the first year of life. As regards the conditions requisite, they should be those of perfect health; there should be nothing in the interior to counteract the desired reaction, nothing on the surface to complicate the cutaneous eruption.

“IV. *Can the fluid contained in the pustules produced by the lacto-variolous inoculation be successfully inoculated?* Answer: Yes. In all the cases of transmission we always obtained as many pustules as there were punctures. The virus may even be kept, and may, as we have shown, be used successfully for inoculation, at the end of a week.

“V. *Can the lacto-variolous mixture be also preserved?* Answer: Yes. We employed this mixture after it had been kept for eleven days; it retained all its original fluidity, and all the inoculations were successful. The mixture may even be made with variolous virus which had been taken a long time before.”

PROPHYLAXIS BY INOCULATION.

Dr. Willems a practitioner of Hasselt in Belgium, maintains (*Neue Med. Chir. Ztg.*) that the epidemic disease of the lungs to which cattle are subject may be eradicated by inoculating the cattle with the fluid contained in the diseased lungs. In the town of Hasselt and the neighbouring country, where cattle are bred largely and the disease almost never ceases to rage, all the cattle have been inoculated, and the disease has, it is stated, completely disappeared. The Belgian government appointed a Commission to enquire into the truth of Dr. Willems' assertions on this subject, for if the inoculation now be proved to be a real preservative if generally practised, it would be a saving to the cattle breeders of Belgium, Holland, and the Rhine provinces alone, of from six to seven million of francs per annum.

In a subsequent number of the *Zeitsch. f. hom. Klin.*, from which the above is taken, there is an analysis of a work on the same subject by Dr. Lüdersdorff of Berlin, who made a journey to the Rhine provinces and Belgium for the purpose of ascertaining the correct-

ness of Dr. Willems' assertions. The following are the principal facts he elicited.

There were inoculated 347 head of cattle. In 132 of them the local effect of the inoculation was manifested. The earliest appearance of the inoculated disease was the fifth day, the latest the 45th. In the greater number it showed itself between the 14th and 20th day. Ten beasts died of the effects of the inoculation, so that it is not quite so harmless as some have asserted. Of all those inoculated, 16 were afterwards affected with the natural disease. In none of those which took the disease had the inoculation produced any local effect. It should also be remarked, that the inoculation was always ineffectual in those which had previously had the disease. Dr. Lüdersdorff believes from his observations that when the inoculation manifests its local effects properly, the animal is protected from the natural disease, and that it prevents the further development of the disease in an animal already affected. Only one case was observed by him where after successful inoculation, the natural disease occurred. He is of opinion, however, that the inoculation will not be successful if the lymph be taken from the lung of an animal that has died or been slaughtered in the first stage of the disease, and that it may be apt to produce too severe a disease if the lymph was taken from the lung of an animal in whom the disease was too far advanced. The first circumstance may be the reason why in so many instances inoculation was followed by no result; thus, at one time, of twenty beasts inoculated, only one was affected. The latter circumstance may account for the six deaths following inoculation.

A report of a different character to the above is to be found in the *Vienna Weekly Medical Journal*, by Dr. Röhl. We shall give a brief abstract of this. It appears that the fatal epidemic to which cattle are liable, called by the Germans *Lungenseuche*, by our veterinary surgeons pleuro-pneumonia, first appeared in Belgium in 1820; in Holland it was first known in 1832; in England in 1842; in Sweden in 1847; in Denmark in 1848; in Finland in 1850. It is scarcely known in Austria, except in the Tyrol and Salzburg. The pathological character of the disease is interstitial pneumonia, generally with plastic exudation in the pleura. The course is very slow; the incubation period often being weeks or months. The mortality ranges from 30 to 50 per cent., and in addition many die

of secondary diseases, sphacelus of the lungs, purulent infiltration of the lungs, &c.

The history of Dr. Willems' adoption of the inoculation is this. His father is a distiller, and has in his stables always about 100 head of oxen, of which a goodly portion always fell victims to the plague. This circumstance led Dr. W. to perform his experiments. Believing the disease depended on a contagion, he resolved to try the effect of inoculating the pulmonary exudation in the skin. He had a diseased ox slaughtered, forced the fluid out of the diseased lung, and in the usual manner inoculated it at the root of the tail, In from ten to fourteen days there occurred such a swollen state of the tail, together with exudation into the abdominal cavity, that the first subjects of the experiments died. Afterwards Dr. W. inoculated the animals at the end of the tail with two incisions, after removing the hair from that spot. Swelling of the tail usually occurred after these inoculations, but it was not so severe as in the previous ones. All the inoculated cattle remained free from the disease. Of 100 inoculated not one took the disease. Of 50 not inoculated, 17 became affected. Calves so inoculated remained unsusceptible of the disease. Other animals are not susceptible of the inoculation.

The Belgian Government, as before related, appointed a Commission to enquire into the matter. Their report refers to observations made from 21st May to 15th July. During this period 189 head of cattle were inoculated. Of these, 129 were put into stalls where there had previously been diseased cattle, the rest were put into stalls where no diseased cattle had been. The inoculation did not take effect in all; in two beasts, which had not had the disease, it did not take; five died from the effects of the inoculation; in several gangrene of the tail occurred; in calves a local affection ensued; in one of the inoculated cows the natural disease occurred. Another experiment was made on the 18th of August. Eight healthy cows were inoculated by Willems himself, and placed in a cow-house along with several diseased beasts. Up to the 26th of October the inoculated cows remained free from the disease, but so also did some of the healthy cattle that had been placed there at the same time and had not been inoculated. At this period the disease had ceased to rage epidemically. The total number of inoculated was 5301; the inoculations took in 4325; 86 died of the inocula-

tion; 378 lost their tails; 66 which had been successfully inoculated got the natural disease.

The conclusion drawn by the Commission from their observations was to the following effect. That the inoculation with the fluid obtained from cattle affected with the pleuro-pneumonia is not an absolute preservative; that the inoculation may take effect and yet the disease occur; and finally, the question whether and for how long the inoculation is preservative, is not yet answered.

Dr. Röhl's own opinion is that this inoculation of the disease is of no great practical value. Others differ from him on this question. Thus Dr. Widra in Bohemia made a trial of the inoculation during the prevalence of the disease, and came to the conclusion that it is a prophylactic, and that when the inoculation does not succeed, it is owing to the cattle having previously had the disease. Dr. Joh. Ellinger, also, of Pohrlitz in Moravia, expresses himself favourable to the inoculation of the disease, and practised it on a considerable number of cattle.

We know not of this mode of preserving cattle from a disease which has, we understand, committed fearful ravages among the stock of our farmers, has as yet been practised in this country; if not, possibly the results obtained by some of the observers above quoted may lead some of our extensive cattle breeders to give a trial to a method which certainly has the merit of plausibility, though the conflicting testimony we have recorded leaves us in some doubt as to its actual value.

EDITORIAL.

THE OYSTER DISEASE.

CONSIDERABLE excitement has prevailed in this city as well as elsewhere, concerning what is denominated in common parlance, the oyster disease. We see heralded in the form of an advertisement in the newspapers, the opinion of several eminent allopathic gentlemen, that "oysters" are not the source of disease; that the event only happened that several individuals died immediately after partaking of oysters, without the slightest evidence of there existing any relation between the oysters and the diarrhoea and prostration that followed immediately after partaking of them. How the thing is so clearly made out, we cannot tell, unless the

said gentleman have had a rare opportunity of securing their oyster suppers for the ensuing winter, by merely lending their names to save the oyster trade. Be this as it may, we have the opinion of five distinguished allopathic professors, that *oysters may be eaten with impunity*. This is encouraging to the trade surely, while the *oyster epicures* cannot fail of looking upon it as a blessed indulgence. Setting aside all interested motives upon the subject, we cannot avoid the conclusions that many have suffered from partaking of oysters this season, because they were not well suited to the condition of the digestive organs.

The summer and autumn, thus far, it must be confessed, have been unusually warm and deteriorating to the bodily powers, and as a consequence, the stomach and bowels have suffered for want of tone. The intestinal tube has been very impressible, and almost any kind of food has at times, been the source of disturbance therein.

Without supposing that oysters are poisonous, and on this account unfit to be eaten, we can account satisfactorily for their producing serious derangement of the bowels, when taken into a stomach already impaired and irritated from other causes; and if the truth were known, it is not unlikely this circumstance would furnish a clue to the sickness said to arise from the eating of oysters.

It has generally been regarded out of time, to feast upon oysters during the hot weather of summer, not, we imagine, that any specific change takes place in the bivalves themselves, giving to them a poisonous quality, but on the account of the change produced upon the function of digestion, requiring greater care in the selection of food during the warm weather.

Derangements of the digestive system have been of late too common to admit of general feasting upon oysters, and those laboring under any difficulty of the kind, had better refrain from partaking of them. Suppers late in the evening, are for the most part, a severe tax upon the digestive organs; but this custom, when indulged in with impunity, must be confined to persons in the enjoyment of absolute good health at the time, especially, if oysters served up in a rich style, constitute the chief article of food indulged in, or otherwise, it may prove too true, that many will fall victims to the "oyster disease."

Some notice of the very excellent essay of our late colleague, Dr. C. B. Matthews, will appear in the next number.

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PHILADELPHIA JOURNAL OF HOMŒOPATHY.

VOL. III. — DECEMBER, 1854. — No. IX.

ORIGINAL COMMUNICATIONS.

DISEASES OF THE NERVOUS SYSTEM.

BY A. E. SMALL, M. D.

(CONTINUED FROM PAGE 416.)

MYELITIS-INFLAMMATION OF THE SPINAL CORD.

The spinal cord appears to be a continuation of the brain down the spinal column, and like the brain itself, is subject both to acute and chronic inflammations. These two forms, however, do not differ materially from each other in their characteristic symptoms, therefore the disease may be described as follows :

Symptoms.—Disorder in the movements, pain in the region of the spine wherever the inflammation occurs, various effects produced upon the muscles, sometimes sprains, permanent contractions, involving either one or several of the muscles ; sometimes with paralysis and sometimes without, in the parts which receive their nerves from the affected portion of the cord. When the meninges are only implicated, it is believed that nothing more serious occurs than spasm ; but when the cord or medulla is the seat of inflammation, paralysis will generally attend the difficulty. The pain felt in some portions of the spinal column, is generally augmented, when the patient moves or bends the spine. It may also be augmented by percussion—a jar may also be sensibly felt. But pressure upon the vertebræ or spinous processes can afford but little aid in detecting the inflammation.

Sometimes the pain extends down the back and the extremities, in the course of the great nervous trunks, and either is intermittent, or continuous ; not unfrequently the pains appear like rheumatism

or neuralgia, and on this account, these affections have been erroneously mistaken for spinal inflammation.

Sensation is sometimes destroyed in the parts that receive the nerves from the inflamed portion of the cord; or if not wholly destroyed, it seems very much impaired, as indicated by numbness or formication in the fingers and other portions of the extremities, and these symptoms may appear more and more distinct, until total insensibility results.

The digestive system may be more or less impaired; at times there is difficulty in swallowing. The reflex nerves coming from the inflamed medulla, thus affects deglutition, and may be regarded as one of the early indications of myelitis. The function of digestion is more or less retarded, and as a consequence, constipation usually accompanies the difficulty.

The circulation is greatly affected, when the disease is active; but myelitis may exist in a considerable degree, without causing any very striking departure from the normal condition of the pulse.

When the upper portion of the cord is involved in the difficulty, the function of respiration is more or less disordered. Inspiration becomes difficult, or almost impracticable. The diaphragm becomes the subject of irregular spasmodic contraction, occasioning constant hiccough, gradually tending to asphyxia.

When a lower portion of the cord is affected, the urinary and genital organs lose their power, so that retention of urine and impotence result. Or in some instances the reverse may take place; the genital organs may be greatly excited, and the ability to retain the urine may be lost.

In pregnant females, the power of contraction in the uterus is sometimes lost, while at other times its contraction is stimulated, and the delivery is easily effected.

Inflammation of the spinal cord and its membranes, presents many symptoms in common with neuralgia, hysteria, and the various phenomena that writers have classed under the head of spinal irritation.

Sometimes inflammation of the spine may continue only a few days, at other times it becomes chronic, and impairs the nutrition of the whole system. In most acute attacks, there is reason to hope for a favorable termination, although in some severe cases, the inflammation may extend to the brain, and destroy the patient.

CAUSES.—The causes of myelitis are related to those of encephalitis; blows, falls, or mechanical injuries of any kind, may occasion it. It may arise from cold, or any influence that deranges the capillary action.

Those cases that have terminated fatally, present the following post-mortem appearances: injection of the vessels, tumefaction, suppuration and induration; and sometimes the continuity of the cord had been destroyed by the softening and breaking down which the disease had occasioned; previous to the fatal termination, those parts supplied with nerves from the diseased portion of the cord, were completely paralyzed.

TREATMENT.—The remedies employed in the homœopathic treatment of this difficulty, are *Aconite*, *Arsenicum*, *Belladonna*, *Bryonia*, *Causticum*, *Cocculus*, *Digitalis*, *Dulcamara*, *Ignatia*, *Lachesis*, *Nux vomica*, *Pulsatilla*, *Rhus tox.*, and *Veratrum*.

Arsenicum, when there is a violent burning pain in the back, aggravated by contact. Tearing or drawing pain in the back, between the scapulæ, and great prostration and difficult inspiration. When there is general febrile symptoms accompanying the pain in the back, and other symptoms, such as paralysis or numbness of the extremities, *Aconite* may be called into requisition.

When there is stiffness of the nape of the neck, paralysis and stiffness of the arms, heaviness and lameness of the lower extremities, short, hurried respiration, danger of suffocation when swallowing, and pressure at the chest, retention of urine, or involuntary emission of the urine, spasms or convulsions, in plethoric subjects, and severe pain in the dorsal region of the spine, *Belladonna*.

When there is pain in the small of the back, and painful stiffness, not allowing one to stand erect, or pain in the small of the back, as if bruised, when at rest, crampy contractive pain over the whole back, gastric difficulties and constipation, involuntary urination, fatigued sensation in the lower extremities, and pain in the back, from the slightest motion, *Bryonia*.

If there is paralysis, chorea, and contraction of the tendons of certain muscles, and painful stiffness of the back, dull, drawing and tearing pains in the arms and hands, contraction of the fingers, rigid feeling in the joints of the legs and feet, palpitation of the heart, *Causticum*.

For lancing, drawing or tearing by turns, and continuing in the

extremities, as if in the bones, sensation of constriction of the internal organs, pains which appear on one side only, spasms and convulsions of the extremities and whole body, paralysis especially hemiplegia; weak, exhausted trembling, want of animal spirits, and other derangements, attendant upon inflammation of the spinal cord, *Cocculus*.

When the patient is subject to gastric affections, cold hands and feet, and great nervous debility, pale face, and drawing pain in the small of the back, after a cold; also when there is increased action of the heart, tension and stiffness of the cervical muscles, *Digitalis*.

When inflammation of the spinal cord proceeds from a cold, attended with drowsiness in the day time, internal uneasiness, difficulty of speech, and paralysis of the tongue; or when attended with diarrhœa, violent pains in the loins, lameness of the arms, &c., *Dulcamara*.

When there is evident inflammation of the cord, attended with vertigo, deep sleep, spasmodic yawning, opisthotonos, convulsive twitchings of the arms, and convulsive jactitation of the lower limbs, *Ignatia*.

If there is weakness and inability to support the back, with weakness of the knees, and sense of suffocation, by reason of difficult inspiration, *Lachesis*,

In plethoric persons, when there is inflammation of the cord, and pain in the back and small of the back, as if bruised; oppression of the chest, as if from a load, and sometimes a forcible racking cough—*Nux vomica*.

When there are present the general symptoms of inflammation of the cord, attended with itching of the spine, feverish sopor, hypochondria, ill humor, especially in damp, foggy weather, palpitation of the heart, semilateral head-ache, abdominal spasms, retention of the urine, constipation, flatulent colic, tenesmus of the bladder, pain in the small of the back and back, curvature of the spine, tension and drawing in the lower extremities, *Pulsatilla*.

If there are unmistakable indications of spinal irritation, with rheumatic and arthritic tensions, drawing and tearing in the limbs, erysipelas, spasmodic yawning, oppressive fulness of the head, drowsy after eating, anxious oppression of the chest at night, tremulous feeling about the heart, bruised feeling and pain in the small of the back, opisthotonos, rheumatic stiffness of the nape of the neck, curvatures of the spine, *Rhus tox*.

When there is general weakness of the body, in connexion with spinal irritation, and rheumatic tearing pains in the limbs, abdominal spasms, oppressed respiration, severe pain in the back, and particularly in the small of the back, alternate constipation, and prostrating diarrhœa, and sometimes paralysis of the lower extremities, *Veratrum*.

It is an excellent remedy after *Nux vom*.

There are many other remedies that may be consulted, in the treatment of this disease. The habit of resorting to blisters or moxas, should be discarded.

DIET.—The digestive organs should not be severely taxed, during treatment for spinal irritation, or inflammation of the spinal cord. The digestible meats in moderation, may be used during the treatment for the chronic variety of the disease, in other respects, a simple farinaceous diet is sufficient.

ANÆMIA OF THE NERVOUS CENTRES.

By the term anæmia, is understood a paucity of blood in any part, and when applied to the nervous centres, means a paucity of blood in those regions. It has been remarked by some writers, that either a superabundance or paucity of blood in the vessels of the nervous centres, will give rise to nearly the same phenomena. For instance, at one time, coma and convulsions evidence a congested state of the encephalic vessels; at another time, this may supervene upon excessive losses, when it must appear palpably manifest that these vessels have been partially emptied of their contents.—From this fact, it may be inferred that anæmia of the nervous centres may result from general paucity of the blood, which of course may be occasioned by diarrhœa, or long protracted disease of any kind, or severe vital prostration. We may suppose such a condition of the nervous centres to occur in acute fevers, such as scarlatina, or severe inflammatory fevers of any kind, that are characterised by hyperæmia in some of the visceral organs, and consequent deficiency in the vessels of the brain.

SYMPTOMS.—Such as characterise extreme loss of blood, tottering, unable to stand, tremors, convulsions similar to epilepsy, may severally indicate anæmia of the nervous centres, provided they occur in females recently delivered, or who have sustained an immoderate uterine hemorrhage; or in males who have sustained great losses

either in consequence of local hemorrhages or severe diarrhœa.—This latter disturbance often empties the blood vessels of the greater proportion of fluid which they contain, and of course detracts from the sustenance they afford to the nervous centres, and induces that peculiar condition which we term anæmia; central apoplexy has resulted from severe losses of blood.

There are other symptoms that excessive loss of blood may produce, by causing anæmia of the nervous centres, which are to be viewed as the more remote effects of the difficulty, or rather the reaction, which may supervene in a few hours: as for instance, a female that has been almost drained of blood by flooding, in a short time afterwards, may experience headache, flushed face, beating of the temporal arteries, which cannot be allayed by depletion. Not unfrequently after such losses severe headache is met with, or severe oppression in some part of the head, with intolerance of light and sound, sleeplessness, slight delirium, with or without palpitations—all of which may be ascribed to anæmia of the nervous centres.

In persons who have died of convulsions, after having sustained severe losses of blood, the post-mortem appearances accord with the condition of the system. The encephalon is found to be pale, the vessels containing only a small portion of blood, and it is affirmed that the vesicular matter partakes more of this character than the fibrous.

TREATMENT.—The medicines that have the most decisive tendency to relieve the effects of anæmia of the nervous centres, are *Carbo veg.*, *China*, *Ferrum*, *Hepar*, *Ipecac.*, *Kali carb.*, *Natrum mur.*, *Nux vomica*, *Phos. acid.*, *Sulphur*, *Veratrum*.

Carbo veg.—After severe diarrhœa, when there is weakness of memory, slow ideas, oppressive headache, and general weakness, coldness and chilliness and restlessness, pains and heaviness of the limbs, &c.

After severe losses of blood, when there is headache, loss of memory or weakness of the memory, and loss of strength, dullness of the head, vertigo, *China*,

If after a severe fever, or other acute suffering, in which the sanguiferous system has sustained considerable loss, there is debility, weakness of the memory, headache and heaviness of the limbs, and with all a paleness of the complexion, and general languor, *Ferrum* and *China* may both be employed.

If the body has been drained of the animal fluids by purgatives, and especially mercurials, so as to produce anæmia of the nervous centres, which is denoted by weakness of the memory, lightness of the head, vertigo, and noises in the head, *Hepar* may be found useful.

If after severe losses, as in case of parturition, there is headache, and nausea and sickness at the stomach, *Ipicac.*—or if in case of hysteria or hysteric headache, *Kali carb.*, especially if there is vertigo with nausea.

In case physical and mental prostration and emaciation, produced by losses from onanism or over sexual indulgence, especially when there is any thing like paralysis, or hysterical affections, or epileptic convulsions, weak memory, unable to meditate, vertigo, with jerks in the head, and inability to collect one's senses, *Natrum mur.*

In sanguine and choleric temperaments, that have sustained severe losses from hemorrhoidal affections, followed by indications of anæmia in the nervous centres, such as headache, weak memory, hysteric affections, great prostration, almost amounting to paralysis, dread of motion, emaciation, and congestion of some of the internal organs, *Nux vomica*. China may also be employed in cases of this kind, and also sulphur, should *Nux vomica* fail of procuring decided relief.

In case of frequent debilitating emissions, being the cause of anæmia of the nervous centres, *Phosp. acid.* may be employed with advantage; and also this remedy may be employed when the same results from diabetis or prostrating diarrhœa, and discharges of grey stools, or involuntary and undigested.

Sulphur may be employed with advantage, when there is evident anæmia resulting from scarlatina.

Diet and Regimen.—In all cases where there is anæmia of the nervous centres, the recuperation of the system is the grand end in view, and to effect this, great caution must be exercised to supply the system with the kind of nourishment it requires, and such as it is capable of receiving. Immediately after the system has sustained losses, the diet should be nutritious, but composed of gruels and soups, such as will not be much of a tax upon the digestive organs. The diet may gradually be increased in strength, until that which is decidedly substantial may take the place of that which is less so. All condiments, except salt, should be entirely prohibited.

APOPLEXY—HEMORRHAGE IN THE NERVOUS CENTRES.

When a determination of blood to the nervous centres, causes a rupture of some of the vessels, there is hemorrhage in them, that gives rise to what is termed apoplexy. This term, however, has been applied to congestions, where no hemorrhage takes place.—Hemorrhages may take place in different parts of the nervous centres, giving rise to various phenomena. 1st. They may take place at the external surface. 2d. They may take place in the cavities. 3d. They may take place in the nervous matter.

1. When it occurs in the external surface from the meninges, it may be seated between the dura mater and the skull, or between the dura mater and arachnoid. The symptoms in such cases may be those of compression, such as sudden loss of sensation, volition, and mental and moral manifestation. Some writers have termed this meningeal apoplexy, but these cases are believed to be of rare occurrence.

2. When hemorrhage takes place in the cavities there are also such symptoms as would denote compression, sudden loss of consciousness, volition and sensation, and not unfrequently paralysis.

3. But in the greater number of cases hemorrhage takes place in the very substance of the brain, either in the cerebral hemispheres or in those of the cerebellum, although seldom in the latter.

SYMPTOMS.—Many of these are premonitory, indicating merely hyperæmia before described, sometimes, however, these premonitory symptoms are entirely wanting; where the hemorrhage has actually taken place, it commonly induces symptoms not easily mistaken; there is complete loss of sensation, motion and mental and moral manifestation, prior to the hemorrhage there may be headache, vertigo and confusion, with numbness or sense of creeping in some parts of the surface, especially in those of the fingers and toes; the vision may be depraved, spots or sparks may appear before the eyes, and also appearance of cobwebs or flashes of light; sometimes the hearing is impaired, intonations or singular sounds, tinnitus aurium or susurrus, and the sense of taste and smell may also be impaired, but the two last senses rarely afford any symptoms that can guide us. These symptoms exist also in congestion, and may continue for days and even weeks and then pass away, but when they occur from actual hemorrhage they rarely disappear, and

the impairment of the senses permanently remains. When the attack has been sudden, all attempts to arouse the patient to sensation will prove insufficient, and when the immediate apoplectic effects disappear, the sensibility of the part affected with loss of motion does not return. Sensation may sometimes be restored, but motion not till after the elapse of a long time, if ever.

In severe cases, not only the encephalic but the spinal nerves lose their impressibility, so that the contact of any body with the lining membrane of the mouth, or of the œsophagus induces no muscular contraction. The sphincters, too, which belong to the true spinal system in their real relation, suffer a loss of power so that the several reservoirs discharge their contents involuntarily, also the conjunctiva which receives the fifth pair of nerves, which convey both sensation and motion to the part, becomes impaired so that contact with the finger will produce no irritation.

The sight at first may be entirely destroyed, and remain so until sensation returns, and then perhaps it may be restored to one eye, while in the other it remains lost. This will in nearly all cases be the eye upon the paralyzed side.

Loss of motion or paralysis is the almost universal effect of hemorrhage in the nervous centres. It was shown under the head of hyperæmia that general paralysis may result from mere congestion of the nervous centres, which passes off as the congestion is removed. The paralysis, however, that follows hemorrhage generally comes on suddenly, concerns only one-half of the body, and remains more or less for the rest of the patient's life.

Andral mentions some rare cases of cerebral hemorrhage, where there was no paralysis, that proved fatal however, motility remaining to the last. A post-mortem examination disclosed large clots at the posterior portion of the right cerebral hemisphere; other authors have cited similar cases.

The degree in which paralysis is manifest varies, sometimes it is complete from the first; at others, the first indication may be a mere heaviness of the limb, or inability to grasp objects, but generally these symptoms go on augmenting, until complete hemiplegia is the result. These symptoms may be looked upon as being the forerunners of hemorrhage, which an early precaution may sometimes avert.

It seldom happens that all the limbs become paralyzed from

hemorrhage, though we may infer that such would be the result if it takes place in both cerebral hemispheres, or if that of one side is such as to compress the other. In this latter instance if the patient survives, the clot may be diminished by absorption so that the compression may be removed, and motility may be restored to one side.

It has usually been observed that hemorrhage in either hemisphere will produce paralysis of the opposite side, generally of both the upper and lower extremities, though sometimes of but one only. The face, too, becomes implicated, and the muscles are paralyzed, the angle of the mouth is drawn upwards by the sound muscles of the opposite side.

Anatomists have anxiously sought for an exposition of this general law of decussation, and it is generally admitted that at the portion of the spinal cord at which the medulla oblongata unites, there is a crossing of the fibres of the anterior pyramids, or of those connected with motion, by which the fact, it is believed, may be explained. This will undoubtedly explain the general features of the phenomena. But this will not account for the face of the affected side being paralyzed on that side, but this may be explained from the fact, that the nerves supplying the face are derived from a portion above the point where the decussation takes place.

Hemorrhage into the cerebellum produces symptoms not unlike those resulting from the same in the cerebral hemispheres, and this fact has given rise to interesting questions in physiology concerning the decussation of fibres of the corpora restiformia.

Hemorrhage into the spinal cord may also produce paralysis of both the upper and lower extremities, according to the seat of the effusion; where hemorrhage has occurred in one of the anterior cords, hemiplegia has resulted on the same side of the lesion. The symptoms of spinal apoplexy are however observed.

When hemorrhage in the encephalon occurs, other voluntary muscles besides those of the limbs are affected with paralysis, as those of the eyelids, the tongue, the movements of which become so lost as to impair the power of speech.

Many attempts have been made to make the paralyzed portion the index of pointing out the precise seat of the hemorrhage, but although the researches have been arduous, there has yet been very little of a satisfactory character elicited.

When paralysis has once occurred, especially in the extremities,

it may gradually improve and yet never disappear, though in many instances it remains stationary. The nutrition of the limb is always more or less impaired, when the paralysis entirely disappears; it is probably owing to the entire absorption of the clot that has produced it, in which event the continuity of the nervous matter is restored so that the nervous action can be propagated through it.

In most all cases an attack of hemorrhage is preceded by some sign of intellectual disturbance, the mental acts are sluggishly executed, the patient is drowsy, scarcely able to keep awake, or otherwise there is great restlessness and unusual mental excitement; the former symptoms however are the most frequently noticed. Not unfrequently varied hallucinations occur, which however may be indicative of other lesions. Some object may impress the sense of sight which the patient cannot rid himself of for months; this however occurs not so much as a precursor as that of an effect of previous cerebral disturbance; similar hallucinations occur in the other senses. Sounds are often heard as of voices calling to the individual, which have no existence only in his imagination. After these hallucinations occur and have existed for some time, unless the individual takes timely warning and uses every precaution, he is attacked with all the symptoms of encephalic hemorrhage.

In some unusual cases the mental faculties are not much impaired, though generally the reverse is the case. When the effusion takes place in the cerebral convolutions, the mental faculties are so much impaired as to produce imbecility, and when other portions of the encephalon are the seat, compression alone may impair the mental powers to a greater or less extent.

It has been observed that hemorrhage even in the spinal marrow has so reacted upon the encephalon as to impair the mental manifestation in a considerable degree.

If due credit is accorded to some singular facts which are found detailed by eminent authors, large portions of the cerebral hemispheres have been lost or injured without the mental manifestation being destroyed. This would seem to indicate that the seat of the mental endowment was nearer the base of the brain than has been generally imagined.

In some cases only the memory seems to be impaired, and no cognizance whatever of recent events is taken; only one event sometimes will be retained in the memory. All the phenomena that

occur as the result of hemorrhage in the nervous centres cannot be referred to, although such must afford an interesting subject for research. The nervous centres being the primary seat of vital endowment in the body, cannot receive too much attention, as something new and interesting is continually being developed, that requires constant attention.

The final result of cerebral hemorrhage is generally fatal; after the first attack the individual is liable to the second, which almost always occurs sooner or later, and so on the third, and it is only in some rare cases that recovery takes place so completely that the patient dies of some other disease.

CAUSES.—Those detailed as producing hyperæmia or congestion of the encephalon, may operate to produce hemorrhage, therefore, they need not be repeated. It may be remarked, however, that the difficulty occurs frequently in the torrid zone, where the subjects are exposed to the intense heat of the climate.

The aged are more predisposed to the difficulty than the young. It is much more common after forty years of age than before, males are more predisposed than females. There is reason to believe also that a particular conformation derived hereditarily may have some influence as a predisposing cause. Several instances are recorded, strongly tending to prove that it has occurred as a family disease. There are numerous cases that might be cited, to prove that there is a predisposition sometimes impressed on the organism, which may be developed by some slight exciting cause.

TREATMENT.—It is believed that the treatment of this formidable disease, with homœopathic remedies, will prove successful in many cases where the ordinary allopathic treatment would prove useless, if not injurious. It must be by noting accurately the premonitory indications, that timely treatment will prove availing in averting an attack. Therefore it is proper to make a division of the treatment. 1st. The treatment which is required during the first premonitions; and 2d. That which is required when the hemorrhage has actually taken place. The former has been sufficiently detailed, under the head of hyperæmia of the nervous centres, and need not be again repeated. The latter requires, for the most part, *Aconite*, *Arnica*, *Belladonna*, *Nux vomica*, *Pulsatilla* and *Sulphur*.

Aconite is the first remedy to be employed in sudden and violent attacks, when there is full bounding pulse, or general arterial excite-

ment, loss of consciousness, and complete prostration, with flushed or swollen face. *Arnica*, when there is general paralysis, following a severe blow upon the head, indicating a hemorrhage in the nervous centres. *Belladonna* when there is violent beating of the temporal arteries, followed by paralysis, or attended with paralysis of the face and limbs. *Nux vomica* is well suited to bilious, sanguine, or nervous temperaments, and is indicated when the patient vomits, and has no power of motion. *Pulsatilla* may also be called into requisition in complete apoplexy, when it occurs in persons of mild disposition, with entire loss of consciousness and speech, bluish red hue of the face, when there is violent palpitation of the heart, suppressed pulse. This remedy is better suited to the lymphatic temperament.

When the first symptoms have passed away, leaving partial paralysis, or paralysis of certain parts, *Nux vomica*, if there is paralysis of the left side. If only paralysis of the face, tongue and the muscles employed in deglutition, *Belladonna*, and afterwards, in psoric constitutions, sulphur may be employed advantageously. When there are signs of recuperation, or disappearance of the symptoms that usually attend hemorrhage in the nervous centres, the administration of remedies should be discontinued, so long as the patient appears to recover.

DIET.—The diet should be very simple, and free from any thing that would seem to indicate a tax upon the digestive function. Rice or other kinds of farinaceous gruel, would be indicated at first, before any mitigation of symptoms take place. Afterwards, as soon as the patient can take it, meat soup may be allowed; and if the system sufficiently recuperates to bear it, something more substantial may be permitted. In the treatment of this affection, it is customary to resort to violent friction upon the paralyzed members; but this is seldom attended with benefits. It may, however, be of some use to resort to dry rubbing with the hand, for the purpose of keeping up a vigorous circulation in the extremities. Pouring cold water upon the head, is another measure often resorted to, and may be attended with some benefit, especially if actual hemorrhage has not taken place.

SOFTENING OF THE NERVOUS CENTRES.

SYMPTOMS.—The principal symptom that indicates softening of the nervous centres, is pain, fixed to some locality, that appears to

be of an unyielding character. It is not an unusual occurrence for the pain to be unaccompanied by any acceleration of the pulse. When the softening occurs in the cerebral hemispheres, the intellect becomes more or less impaired, and sensation and motion are not so well accomplished, as in health. Sometimes both are deranged or obscured, although sensation at times may be augmented, while motion on the opposite side to the hemisphere affected is impossible. A common attendant on softening of some portions of the brain, is paralysis. Sometimes, however, instead of the limbs being affected with paralysis, they are more or less contracted and rigid.

It is, however, impossible to affirm that the symptoms detailed above are invariably an indication of softening, as they in general may attend other diseased conditions; and not much can be said about treatment, with reference to the pathological condition, as the symptoms must be the guide.

CAUSE.—Softening may arise from inflammation, or it may arise from failure of the circulation from arterial disease.

TREATMENT.—The remedies employed in accordance with symptoms that may give rise to fears of softening, are *Belladonna*, *Nux vomica*, *Sepia*, and *Sulphur*.

When there is severe pain in either cerebral hemisphere, that seems to be fixed and continuous, impairing the mind, and causing rigidity of the muscles of the extremities, *Belladonna* may be used daily for a week. If there is no mitigation of the pain, or relief of the other symptoms, and especially if there is any indication of paralysis, *Nux vomica* may be used daily for a week, provided there is no mitigation of the symptoms before the week passes away—in which event, it is better to discontinue the remedy. When there is pain fixed to a single spot, impairing motion, so that the patient cannot move about, *Sulphur* may be given and repeated every forty-eight hours. *Calcareæ* may also be employed for other indications. (*See Hyperæmia of the cerebrum, cerebellum, and spinal cord.*)

INDURATION OF THE NERVOUS CENTRES.

This affection may exist in connection with hyperæmia, as the consequence of inflammation; but as there are no symptoms by which we can accurately determine this condition, aside from other difficulties that may be associated with it, the treatment must be according to symptoms, which may or may not be the consequence of such a lesion.

ACCUMULATION OF SEROUS FLUID IN THE NERVOUS CENTRES.

As the nervous centres are enveloped by a serous membrane, which passes into the cavities, which like other serous membranes may be the seat of watery secretion, oedema or dropsy may result from the accumulation of such secretion.

Effusion is regarded as the result of inflammation, or rather as one of its terminations. Encephalitis has been regarded the source of hydrocephalus, or dropsy of the brain. It may also result from hyperæmia, no matter how produced by transudation occurring through the coats of the over-distended vessels. This is probably the way in which *serous apoplexy* occurs, and the same symptoms may be present, as are seen in connexion with hemorrhage in the nervous centres; so that it is difficult to distinguish between the two. Either may exist alone, or both may exist at the same time. When this serous accumulation supervenes upon acute inflammation, it is the *hydrocephalus acutus* of writers; but sometimes the chronic stage is met with, especially in persons of more advanced age, in whom sensation, motion and intelligence have severally become impaired. The stupidity of the insane has sometimes resulted from chronic oedema of the brain. Whenever a serous effusion takes place in the brain, it produces compression, and manifests nearly the same symptoms as are found in connection with hyperæmia, or *hydracephalus acutus*.

When the fluid accumulates in the spinal sheath, as is sometimes the case in infants, the spinous processes are cleft, or there is what is termed *spina bifida*, so that the membranes protrude, and the compression is diminished.

It has been remarked, that acute hypercrinia of the encephalon is often the consequence of inflammation, or of hyperæmia. The symptoms are often so obscure, that we cannot determine precisely the cause of the compression; but the accumulations of fluid which occur in a more chronic form, generally exhibit their existence by unequivocal symptoms in the bony coverings. The serous fluid, if contained within the cranium, distends the parieties of the cranium, causing the head at times to acquire an enormously large size, constituting the chronic hydrocephalus, or dropsy of the head.

TREATMENT.—As the accumulation of serous fluid in the nervous centres may present a varied phase, as well as many degrees of severity, many remedies may be called into requisition. The remedies for the most part employed are Aconite, Arnica, Arsenicum,

Belladonna, *Digitalis*, *Helleborus niger*, *Hyoscyamus*, *Mercurius*, *Nux vomica*, *Pulsatilla*, *Rhus tox.* and *Sulphur*.

When there is acute pain in the head, and vomiting, with acute febrile symptoms, *Aconite* may be administered every three hours. When the pain and inflammation has been produced by concussion, giving rise to symptoms that indicate compression from serous effusion, *Arnica* may be substituted for *Aconite*, and repeated every three hours, until some mitigation of the symptoms is witnessed.

When there is a small quick pulse, and frequent disposition to vomit, dry, white tongue, heat in the head, stupor and great prostration, *Arsenicum*.

When there are the following indications of serous effusion, viz., great heat in the head, bloated and red face, strong pulsation of the arteries of the neck, severe pain in the head, and inclination to bury it in the pillow, or moving the head from side to side, frequent flushes of heat, eyes sparkling, and protruding with wild expression, contraction or dilatation of the pupils, drowsiness, &c., *Belladonna*. When there is intense action of the heart and arteries, attending the usual symptoms, *Digitalis*. When there are convulsions, loss of consciousness, or inarticulate speech, redness of the face, fixed look, white coating upon the tongue, dry and parched skin, thirst, and picking at the bed clothes, *Hyoscyamus*. *Mercurius* is suitable to employ, after *Belladonna*. *Pulsatilla* in females, when there has been an interruption of the menses. *Rhus tox.* may be administered, when the signs of effusion become manifest, during an attack of erysipelas. *Sulphur* may very generally be employed in chronic effusion of serum into the nervous centres, especially with *Belladonna* and *Mercurius*.

The calling of the attention merely to serous effusions in the nervous centres, producing hydrocephalus, serous apoplexy, &c., is by no means for the purpose of inducing the habit of treating the disease from the name, but to point out a pathological condition that may exist, in connection with certain symptoms, which of course must be the guide in treatment.

DIET, when under treatment, must be exceedingly simple, farinaceous gruels for the acute form, and also light and nutritious food for the chronic.

MESSRS. EDITORS :—

WE find in the July Number of the "Quarterly Homœopathic Magazine," a synopsis of the doings of the last annual meeting of The American Institute of Homœopathy, which we should have noticed earlier, had not pressing professional engagements precluded the possibility.

We wish to refer, only, to that part of the editorial which relates to the adoption, by the Institute, of the following *resolution* introduced at the previous meeting of the Institute at Cleaveland. We confess to some hesitancy in referring to the article, as we believe it bears with it, in the *resolution*, a sufficient rectification of its manifest misconstruction of the language and spirit of the *resolution*. As some, however, who were not present at the meeting of the Institute, may be misled with regard to the alleged opposition to the *resolution*, we have concluded to make a statement of the case, and in so doing we will be as brief as possible. In order that it may be fully understood by those who have not seen the magazine, we will copy the *resolution*, and the remarks of the editor so far as to give the reader a correct view of the subject. The following is the *resolution*.

"*Resolved*, That we regard the homœopathic law as co-extensive with disease; and that a resort to any other means than those pointed out by the law *similia similibus* is the result, in part, of the incompleteness of our *materia medica*; but mainly the result of a want of sufficient knowledge, on the part of the physician, of those remedies already possessed, and not an insufficiency of the homœopathic law."

The above is the original *resolution*, and after an able discussion, the *mover* of the *resolution* accepted an amendment, so far as to add the word *medicinal* between the words *other* and *means*—making it read, *other medicinal means*, instead of *other means*, simply; and as thus amended, the *resolution* passed without much, if any, opposition.

Now follow the remarks of the editor of the "Quarterly Homœopathic Magazine," which the reader is requested to compare with the *resolution* in its original, and amended forms.

"The intention of the above *resolution*," says the editor, "is most evident. It restricts, imperatively, the action of the homœo-

pathic physician to those means only, which are known to be homœopathic—restraining him from using other curative means, though they be harmless and effective, if their action cannot be justified by the homœopathic law. The reader, will, at once, see that such a resolution carried out, would take out of the hands of the practitioner curative means most important, and thus far, considered indispensable in the prosecution of a successful practice. * * * * *

It will now be understood why the resolution met with such a lively and decided opposition from those who, though firm believers in the law *similia similibus*, did not consider themselves to have thereby forfeited the right of using other curative means, if only effective and harmless.

“More than three-fourths of the members present were against the resolution in its original form. Its rejection, therefore, seemed unavoidable. Happily, however, an opponent of the original resolution, G. W. Swazey, M. D., moved an amendment, inserting between the words *other* and *means*, the word *medicinal*, which, besides being in accordance with the original intention of the mover of the resolution, explained more fully its meaning, namely, that the use of harmless and effective auxiliaries, such as water, in its various applications, not strictly considered as drugs, is left entirely unaffected by the restrictive sense of the resolution. In this amended form the resolution was finally passed by a large majority, and thus ended a struggle, commenced by a few members, who, in a mistaken zeal, thought it necessary to limit, by resolution, the individual liberty of the practitioner to such an extent as almost to prevent a genial and healthy progress of the science itself.”

Now we would ask the careful reader if, in his judgment, the language of the *resolution* admits of any such construction as here placed upon it by the editor of the “Homœopathic Quarterly Magazine?” We do not hesitate to pronounce it a gross perversion of the obvious meaning and intent of the *resolution*.

The *resolution* is both *declarative* and *explanatory*; and it was made *declarative* in order that it might be made *explanatory*. But it is, in no sense, *prohibitory*, or *restrictive*, as the editor of the “Quarterly Homœopathic Magazine” would have his readers believe. It meant to *declare*, first, after long experience, the *belief* of the Institute in the *universality* of the homœopathic law; and, second, to *explain* the course occasionally pursued by homœopathic physi-

cians in employing other means than those pointed out by the law *similia similibus*. It left in its original form, and in its amended its sense is not altered, physicians as free as air to adopt this or that course of treatment. It only claimed to stand *explanatory* of whatever course the physician might choose to adopt; and this is all its friends ever claimed for it or desired to have it express; and this is all it ever *did*, in its original form, or *does* express, as it now stands upon the records, as any one may readily perceive by reading the *resolution*.

It is true there are many homœopathic physicians who would desire to see every member of the profession adhere, strictly, to the law *similia similibus*, and wherever they cannot make this law available, abandon the case to those who believe, only, in other modes of treatment. But there are others who think it important to use all means, whether homœopathic or allopathic—to palliate, if they cannot cure, and this latter class is equally entitled to freedom with the former, and in our judgment should have it without any *restrictive* tendencies, provided they do not thereby, in their efforts to appear infallible in the eyes of the world, compromise the great homœopathic law of cure. The *resolution* was worded with special reference to the freedom of conflicting opinions, as well as for the protection of the homœopathic law from the aspersions cast upon it by our opponents, from witnessing the occasional resort, of homœopathic physicians, to auxilliaris, and other allopathic means in connection with a nominal homœopathic practice.

Without the *explanation* contained in the *resolution*, we would ask, in all candor, what can be inferred by lookers on,—by those who are watching its progress with interest and anxiety, but an implied insufficiency of the homœopathic law; or a want of confidence on the part of the physician, in the truthfulness of his own system, when he sees, almost daily, a violation of that law by the general practitioner, and such sentiments as the following, put forth by editors of homœopathic journals, as well as authors of books upon the homœopathic practice? Says one, “*we will confess to the heresy of having used oil—yea, verily, goose-oil, with prompt and lasting benefit, WHEN HOMŒOPATHIC REMEDIES UTTERLY FAILED.*” Another contends strenuously for the employment of cold water, and recommends such other means as are often called into requisition by allopathic practitioners, and fiercely denounces those mem-

bers of the profession, as *partisans*, *illiberal* and *narrow-minded*, who are unwilling that themselves, or the homœopathic law, which they believe to be universal, should be made responsible for such proceedings. Still another, contends for the employment of *emetics*, *cathartics*, *general and local blood-letting*, etc., and deals the same bitter invectives against those who are unwilling to become partisans in such a procedure.

Now we counsel no remonstrance against the employment of any or all of the above enumerated means, by those who think it right to use them in individual cases; but as a member of the homœopathic profession—as a firm believer in the entire, and universal truthfulness of the homœopathic law, and as desiring, most of all, to see it universally adopted for the benefit of the sick and suffering, we enter our protest against making the law *similia similibus* responsive for any such acts. That *goose-oil*, or even others of the above enumerated agents, may have rendered services in cases where a great variety of remedies *prepared* for homœopathic use had been given without success, we do not pretend to deny. But that either of the remedies thus given, and denounced as useless, WERE *homœopathic* to the disease for which they were given we have not the most remote idea. Nay, we will go further, and positively affirm that they WERE NOT homœopathic—they were badly chosen. What homœopathic physician does not know that a dozen or more remedies PREPARED for homœopathic use, may be given in a specific case, and neither of them adapted to the disease according to the homœopathic principle of selecting remedies? And yet a remedy has been found, in the *homœopathic materia medica*, adapted to the same case according to the law *similia similibus*. Now is the homœopathic law to be made responsible for this incompetency of the physician? Or suppose the *materia medica*, in its present limited condition, did not contain a drug homœopathic to the case, would it not be equally unjust to charge the law with insufficiency, because we had not developed the means to make that law available in the specific case? To explain to the world these failures from *incompetency*, and the *limited* condition of the *materia medica*, and thus to acquit the homœopathic law of all accountability in such cases, the offensive *resolution* was offered to the Institute.

The true friends of homœopathy, have much, in this act of the

Institute, to encourage them. It manifests a decided change in the sentiments of the homœopathic school, in this country.

It was forcibly remarked, by our friend and learned colleague, Doct. Bayard, at one of our annual meetings, that the recorded doings of the American Institute, would constitute an important feature in the history of homœopathy. With this view, the entertainment and adoption of the above *resolution* by the Institute, may be regarded as an important event in the history of the homœopathic school. It shows decided progress. In 1849, Doct. Bayard, himself, introduced a similar resolution, which brought nearly the whole Institute down upon him like an avalanche. The resolution was laid upon the table *instantly*, and there it slept. In 1853 the above *resolution*, which we believe is somewhat similar in its general features, was introduced and found favor.

In 1849 scarcely a member of the Institute favored the resolution of Dr. Bayard. But in 1854, the above *resolution* numbered among its advocates some of the ablest members of the profession. Profs. Small and Williamson, and Drs. Kirby and Dake and others, discussed the *resolution*, affirmatively, in an able manner; and we much regret that, in accordance with the usage of the Institute, the remarks of these gentlemen are lost to the profession by not appearing in the published records of the Institute. A majority of the members took the right view of the subject; but truth compels us to say that the few members who took the negative of the question, either mistook the intention of the *resolution*, or attempted to raise the same issue that the editor of the Magazine since endeavored to foist upon the profession as its leading sentiments.

In conclusion, we repeat, the *resolution* declares the belief of the Institute, based upon the results of the practice for more than a half century, in the universality of the homœopathic law; it defines the whereabouts of every member of the profession, by explaining the character of his professional acts to the world; while at the same time it leaves him free to employ auxiliaries in any form—cold water or warm, olive oil or soap-water injections, goose oil, emetics, cathartics, blisters, leeches, or general blood-letting, as best comports with his love of ease, or his own ideas of right, making his professional knowledge, and the resources of the *homœopathic materia medica* alone responsible for his failure to accomplish the cure; and

absolves the homœopathic law from any accountability in the procedure.

It seems to us that upon this ground the whole matter should be placed; and any act of the Institute that would so place it before the world, should be inscribed upon its *archives* in letters as bold as those in which John Hancock appended his name to the Declaration of Independence,—that all may see the true ground upon which this matter rests—that all may understand, when a failure occurs, even where remedies nominally homœopathic had been exclusively employed and persevered in, the remedies were not well chosen; and especially where other means than those pointed out by the homœopathic law are resorted to, it is owing either to the limited condition of the *materia medica*, or incompetency on the part of the physician, and not to an insufficiency of the homœopathic law.

W. E. P.

MESSRS. EDITORS :

IN a recent publication in Philadelphia, entitled “The Homœopathic News,” and issued under the patronage of Doctor Constantine Hering, a celebrated dealer in imaginary symptoms and other homœopathic trinkets, and a certain Doctor Adolphus Lippe, shadow to the former gentleman and discoverer of the astounding truth—which discovery, bye the bye, ought to stamp a man either the greatest philosopher or else the greatest ignoramus living,—that there is no such a thing as secondary and tertiary syphilis, and that Hunter, Hahnemann, Ricord, and a host of other equally brilliant stars in the firmament of medicine, who believed in and taught the existence of the secondary and tertiary forms of this disease, were at most only dimly flickering rush-lights, if any thing; in this astounding publication, which, as the organ of the very latest imaginary symptom in homœopathy, that splendid bubble and romantic fiction given to the world under the name of “*Independent Medical College of Pennsylvania*,” is going to eclipse every other homœopathic publication by the childish assumptions of its editors, and by the trifling character of its contents, until both it and the college shall be remembered only as a joke to be laughed at: in this remarkable publication to which your own Journal is

not even worthy of loosening the shoe-strings, Jahr's Symptomen-Codex, or rather Hempel's Symptomen-Codex, is honored with a first-rate notice, and it appears that this first-rate notice is to be a stereotyped announcement in every number of this unparalleled sheet of fun and fancy. Lest the readers of the News should suppose that this notice is a puff regularly paid for by the editor and publisher of the Codex, I beg the privilege of informing them, through the columns of your Journal, that this notice is of a piece with the products of that huge fiction factory owned and managed by Hering & Co. Doctor Adolphus Lippe has, I take it, always been a fiction, and Doctor Hering is undoubtedly in a fair way of becoming one. His first-rate notice of my Symptomen-Codex is certainly a fiction, and might pass for a good joke, if the motive of its perpetrator was not evidently a bad one.

Under Aconitum, p. 17, lines six and five from below, I give the symptom "Oppression of the chest, increased by a deep inspiration;" according to Dr. Hering's criticism I ought to have said: "Oppression of the chest preventing a deep inspiration."

Now let us turn to the Austrian Journal of Homœopathy, from which this symptom is taken, and we shall there find the text of my symptom in the original language. See Symptom, 552: "Brustbeklemmung durch Tief-Ahmen verschlimmert," the literal translation of which is: Oppression of the chest, *aggravated* by a deep inspiration. Dr. Hering, in his anxiety to add one more to the countless fictions with which he has enriched the homœopathic Materia Medica and literature, has most decidedly overshot the mark in the present case.

Under Aconitum, page 19, line 13 from below, I render *dread* of death; according to Dr. Hering I ought to have said, "meditations on death."

Now, if any one will take the trouble to read over Hahnemann's and Gerstel's Aconite-symptoms, he will find that there is no such symptom as "meditations on death," among the symptoms of Aconite; whereas both Gerstel and Hahnemann record four symptoms where dread of death is alluded to as a characteristic effect of Aconite; see Hahnemann, symptoms 538, 539 and 540; and Gerstel, symptom 158. In Hahnemann's Materia Medica, symptom 540, is even printed in italics. Oh, Doctor Hering, when will you cease to deal in fictions?

Again, under Belladonna, page 263, line 11 from below, I give : Sensitiveness to cold air. According to Dr. Hering I ought to have said : Sensitiveness to a draught of air.

Now let us turn to Hahnemann's text, symptom 1212; in the original record of this symptom we find : "Ueberemp findlichkeit gegen kalte Luft," which, literally rendered, means : "Extreme sensitiveness to cold air." There is no such symptom as "sensitiveness to a draught of air," among the recorded effects of Belladonna.

I would notice Dr. Hering's other equally brilliant and opposite criticisms, but he will, I trust, excuse me from any great effort to annihilate what must appear at once to the eye of reason, very microscopic objections. If romancing be his more congenial element, I wonder why Dr. Hering will not take the field in the legitimate range of fancy, instead of worrying earnest and honest minds in our profession by his puerile assumptions and his unfair and censurable misrepresentations. Really it becomes a grave question when we consider that younger minds may possibly be led to form conclusions upon Dr. Hering's remarks without troubling themselves with closer inquiry.

CHARLES J. HEMPEL, M. D.,
54 Bond Street.

NEW YORK : Nov. 11th, 1854.

HOMŒOPATHIC TREATMENT OF CHOLERA IN FRANCE.

Dr. Ginestet has shown me a letter from his friend Dr. Perrussel, who has lately been in the south of France, attending to the poor villagers who have been suffering from sweating sickness and from cholera. The mortality under his treatment has been from 5 to 7 per cent., under allopathic treatment 90 per cent. This will no doubt be published, as Dr. P. was sent by the Préfet of the department, and we cannot but think the authorities must take cognizance of such facts. The place where he practised was Poulaines Département de l'Aube.

The half-brother of the Emperor of the French, Mons. de Morny, has just had an attack of Cholera, and with God's blessing, recovered under homœopathic treatment; all of such facts should be carefully gathered up and made public at the time. They advance the cause more than all the abstract theories and reasonings, however true.—(*Extract of a letter from a French correspondent.*)

STRANGE MEDICAL INQUEST.

An Allopathic M. D. holding a Coroner's Inquest over a Deceased Patient of a Homœopathic M. D.

INQUEST ON THE DEATH OF AGNES E. LOTTIMER.

BEFORE DR. BALL, CORONER.

[From the Evening Post]

CITY HALL, Brooklyn.

In this case the deceased, a young girl of twelve years old, was attended by Dr. Wells, a homœopathic physician of Brooklyn. After her death her friends were induced to allow the body to be opened and examined by Dr. Wood, a surgeon, assisted by Dr. Parker and Dr. Gilman. The contents of the stomach were analyzed, to see if they contained any traces of poison, but none were found. The Coroner of Brooklyn, Dr. Ball, an allopathic physician, then called a Coroner's Jury, with a view of ascertaining whether the deceased had not come to her death by malpractice of the attending physician.

First Day, Friday, October 13, 1854.

DR. P. P. WELLS, being sworn, deposed as follows:—I attended deceased; was first sent for to go to Bath, where the family were spending the summer, August 2d; I found the deceased, a stout, very fat girl, of twelve years, in the following condition: Great pain in the head, sensibility to motion and light, intensely hot skin, flushed face, thirst, pulse 144, hard; urine high colored and scanty; I thought she had *inflammation of the membranes of the brain*. There was an amendment in the condition of the patient from the 2d to 10th August, when the head-symptoms had pretty much disappeared. On the night of August 10th I was called by a messenger, who said she was much worse, they *feared dying*. I found the surface of the body cold, and bathed in a cold sweat; at 1 A. M. her pulse was 160, small and weak; she had great thirst, restlessness and anxiety, tossing in the bed and anxious respiration, and was unconscious.

From this state she rallied between two and three o'clock, and continued to improve until between six and seven, when I left the house, and Dr. Dunham returned to Bath with the messenger who brought me up to Brooklyn. Dr. Dunham remained with her until my return, at 2 P. M. I then found she had improved, and from that time she continued to improve with the exception of returns of a condition similar to that in which I found her on the night of the 10th. These attacks occurred at night, and each was less severe than its predecessor. Between these attacks she had fever for about ten days to a fortnight. The fever then intermitted, and the intermission was constant from that time. The intermission was followed by a chill—the chill by a fever which resolved itself without sweat. The fever assumed a *tertian* type.

There were perhaps six or eight of these attacks when the type became *quotidian*. The paroxysms were *anticipating*. This was about August 22. The patient remained at Bath until the first Monday in September. She had by this time so far recovered from her prostrate condition as to be able to ride to Brooklyn. The type continued to be *quotidian*, but about this time the paroxysms became much shorter and milder, and began to postpone, and continued to do so until ten days before her death, (which occurred October 7.) The paroxysms, which at the commencement of the intermittent had lasted from eighteen to twenty hours, were now very light, consisting of a very slight chill and short fever; and during the last three weeks of her life the chill did not extend further than from the hands to the elbow, and during the last week it was followed by no fever. Its duration was from ten to twenty minutes.

The third day before her death she complained of not feeling so well, was a little feverish and had less appetite than usual, and had less strength than before, but complained of no specific symptom except a slight stiffness of one side of the neck, with tenderness to pressure over the upper and anterior edge of the sterno-cleido-mastoid muscle. The family and domestics thought she was getting *mumps*. Her mother was attacked by *mumps* about a week before. There was no perceptible swelling of the parotid gland. She had been able to be up and about the house on the Thursday and Friday before her death. (She had driven out on the pleasant days, frequently, for four weeks.) The paroxysms of ague were so slight during most of the last two weeks that she had not been obliged to take to her bed. On Saturday morning she waked with a headache, which she had not had for a very long time before, (not even during the ague.) The tenderness and stiffness of the neck were gone.

She was feverish, felt ill, had no appetite, &c. Her chill came on at 10½ A. M., and was very slight. I saw her at 11½. The chill had passed away and not been followed by fever; the pain in the head had continued through the chill and up to this time. This change in her state made necessary a change of medicine, which I went to my office to prepare, and for which the family were to send. A messenger came between 1½ and 2 P. M., saying that she was in convulsions. I saw her a few minutes before 2 o'clock. The attendant had already placed her in a warm bath, and removed her from it and enveloped her in blankets. She lay on the bed in a profuse, hot sweat. The muscles of the eyeballs, mouth, face, neck, and those of respiration, were much convulsed, the extremities less so and at times not at all.

There was frothing at the mouth; irregular labored respiration, with much mucus in the throat, the gurgling of which was loud. The convulsions were *clonic*; under the administration of remedies they became *tonic* about 4 P. M., and were confined to the wrists and respiratory muscles. At about 4 45 they ceased, and she fell into a natural sleep for about 10 minutes. Her pulse at 10 minutes before 2 P. M., was exceedingly rapid and feeble; it could not be counted. As the severity of the convulsion abated, the frequency of the pulse diminished and its force increased. At 4 45 it was about 150. After sleeping 10 minutes she waked, opened her eyes, moved hands and head, and slept again. She had two or three of these short sleeps and wakings, when she manifested a kind of semi-consciousness, and seemed to be annoyed by the pain of her tongue, which had been lacerated during the first convulsion. I left her between 5 and 6 P. M., in charge of Dr. Dunham. Returning about 7 o'clock, I found that a satisfactory improvement had taken place, which continued until 7 50, P. M., when a heavy gun was fired in the harbor. This startled her very much; she startled, and moaned so loudly as to call her parents from the next room. From this time her improvement ceased. Between 8 and 9 P. M., her pulse arose in frequency and sunk in force, though she slept quietly with intervals of moaning, louder and longer than before the gun fired. Shortly after 9 P. M., I left her in charge of Dr. Dunham, who was to remain all night. I was called between 10 and 11 by a messenger, who said the patient was again in convulsions. As I passed into her room, a few minutes before 11 o'clock, I saw very dark, thick blood, flowing profusely from her mouth and nose. She gasped once and was dead.

[The above is the history of the case as given by Dr. Wells. The Coroner then questioned him as to the treatment, which was the usual homœopathic treatment of meningitis and intermittent fever. Three hours were spent in cross-questioning and endeavors to entrap Dr. Wells, during which the whole theory and practice of homœopathy were unfolded and explained, the evident object of the Coroner being to cast discredit upon this system of medical practice.]

From August 2d to August 10, I supposed her disease to have been inflammation of the membranes of the brain. It *may* have been of miasmatic origin. I will not pretend to decide; but up to the 10th she had no chill. I suppose the attack of the night of the 10th was an attempt to set up a paroxysm of ague, imperfectly executed. From this time for ten days she had similar attempts every other day, but the fever did not entirely intermit. After this time, up to three days before her death, her disease was intermittent fever.

Q. (Coroner).—And this intermittent fever continued uncomplicated until her death?

A. Until three days before her death. It was then, to the best of my belief, complicated with *mumps*. On Saturday, the day of death, the soreness and stiffness of the side of the neck, were found to have disappeared. I believe the *mumps* had been translated to the membranes of the brain, and that this caused the convulsions. During the continuance of the soreness and stiffness of the side of the neck, I prescribed nothing for *mumps* because the specific swelling of the parotid gland, which constitutes *mumps*, had not yet appeared, and because no feature of the case demanded a change of treatment. I suppose the translation of the *mumps* took place on Saturday morning and caused the headache. I went to my office to prepare medicine for this condition. I did not think her condition dangerous until Saturday morning, and but for this translation I know no reason why she should not have recovered.

Q. (Coroner).—You spoke of her having thrown up large quantities of dark, thick blood; where do you suppose it came from?

A. I supposed from the lungs; but this is all conjecture on my part, because I was not present at the post-mortem examination; I suppose it resulted from congestion of the lungs, caused by embarrassed respiration, which was a consequence of the convulsions of the respiratory muscles, and I suppose she died of suffocation from the accumulation of this blood in the throat. I had never, during the whole disease, had occasion to fear congestion of the lungs, although in my daily examinations I should have detected it had it existed. Even during the chill she showed no signs of it.

Q. (Coroner).—Is remittent fever a congestive disease?

A. Yes.

Q. Is it usually considered a dangerous disease?

A. No, though persons have died of it.

Q. In such cases what post-mortem appearances are found?

A. I never saw one.

Q. What organs are usually affected by long continued ague and fever?

A. The liver and spleen.

Q. Were you ever told that this patient complained of soreness or pain on being handled?

A. I do not recollect it.

Q. You stated her disease to be intermittent fever until three days before her death. Why did you afterwards change your mind, and suppose it to be mumps translated to the brain?

A. I supposed it to have been mumps translated to the brain: 1st. Because, evidently, the convulsions and death arose from some lesion of the brain, and there had been no symptom of any affection of the brain until after the invasion of what I suppose to have been the mumps. 2d. Because the attack came on just at the period at which mumps would have been likely to show themselves had she really taken them from her mother. 3d. The stiffness and tenderness of the side of the neck, with the symptoms of constitutional disturbances already mentioned. 4th. The termination by hæmorrhage. I have known two cases of metastasis of mumps to the brain terminated by convulsions and hæmorrhage from the lungs.

Q. How do you account for the four ounces of bloody serum found in the cavity of the chest?

A. Not having seen the post-mortem, I decline attempting to account for any of its alleged phenomena. There were no symptoms during life that would account for it as a product of disease.

Q. Was anything ever said to you about having additional attendance?

A. Yes. I was asked if I wished it, and said "No." The question put to me was, "Do you think it best?" and I replied "No." No member of the family at any time expressed to me a wish to have additional attendance.

Q. (*By Coroner.*)—Is not the foundation of the homœopathic system the doctrine that all diseases originate in two diseases, syphilis and itch?

A. No sir. Not that I ever heard of.

Q. Then it is not necessary for me to ask to which of these intermittent fever belongs?

A. No sir.

Q. (*By Jury.*)—I graduated at New Hampshire Medical College, and practised for seven years as an allopathic physician. Until three days before death, there were no symptoms indicating any other troubles than such as usually attend intermittent fever. I made every examination, and always do accurately examine all points that show disease. Homœopathic prescriptions are based on a knowledge of all the facts which constitute the difference between the sick and the well. We arrive at this knowledge through experience, by the use of our senses, just as other men arrive at facts; and by inquiries of the attendants and the patient. We ascertain the facts of the condition which constitutes disease; and then, finding the drug which has induced in the healthy body a condition similar to the one before us, we administer this drug.

Q. (*By Jury.*)—Could congestion occur in a few hours?

A. Yes; in such a case as metastasis of mumps to the brain?

Q. Would this produce congestion of kidneys, lungs, brain, &c.?

A. Yes; it would produce congestion of the membranes of the brain in a short time, and other organs may be suddenly congested by the mechanical obstruction of the circulation of the blood through the lungs, as always happens in convulsions of the respiratory organs.

Q. Is not quinine a specific remedy for ague and fever?

A. No; it is a specific remedy for some forms of ague and fever: for those forms which are similar to the symptoms which quinine produces on the healthy subject, and for no others. I do not often use quinine, because the form of ague and fever which it cures is not very common in this part of the country. It oftener suppresses ague than cures it. I have given it in a few cases and cured one. I gave it in the first and third centesimal triturations.

Q. Is there enough force in these small doses?

A. That depends on the similarity of the diseased condition to the disease which the drug is capable of inducing in the healthy person; the greater similarity, the smaller the dose required to effect a cure. The reason why homœopaths succeed in curing with such small doses is because they select their remedies in accordance with this similarity. (Dr. Wells' examination lasted six and a half hours, and was chiefly on topics wholly irrelevant to the case, which is an inquest into the cause of the death of the child.)

Adjourned to Saturday, October 14, 2 P. M.

Second Day, October 14, 2 P. M.

TESTIMONY OF DR. DUNHAM, HOMŒOPATHIC PHYSICIAN.

DR. CARROLL DUNHAM, graduate of the College of Physicians and Surgeons, New York, a homœopathist, practising in Brooklyn. Have practised allopathically in hospitals, not in private practice. I saw Miss Lottimer in consultation with Dr. Wells, at Bath, on the morning after the attack of August 10, described by Dr. Wells. From description given by Dr. Wells and family, I supposed that during previous eight days her disease had been meningitis. When I first saw her, about 7 A. M., she was pale, cold, covered with cold sweat; there were thirst, almost constant tossing of the body, and anxious, sighing respiration. The head was very hot, lips pallid, pulse very frequent and feeble. At times she seemed conscious. I don't remember every particular of the case, because I was called merely in consultation, and thought I had done with the case long ago. I had seen Miss Lottimer often before as a friend of the family—not during her illness. I remained with her from 7 A. M. till 2 P. M., when Dr. Wells returned to Bath, and we had our first consultation upon the case. During the interval I made no change in the treatment which had been begun by Dr. Wells during the night, and of which I approved. It was the usual homœopathic treatment. Upon consultation with Dr. Wells, I concurred in his opinion that the disease was meningitis, and that the attack of the previous night had been an attempt to establish a paroxysm of ague and fever. I saw the patient again with Dr. Wells the next day, and every day, twice, for several days. I considered that from August 10, up to the day when the fever first clearly intermitted, (about ten days,) there was an attempt to establish intermittent fever. It was malarious remittent fever. During this time I suppose she had not entirely recovered from the meningitis, but was in process of recovery.

Q. What was her condition after the 3d—ten days.

A. I was going on to say, that from about the time the fever began to intermit, (that is, about August 20,) I was no longer in attendance upon her. I considered my services as consulting physician, no longer required, from the fact that the emergency for which I had been called had passed over. I often saw her afterwards, being a friend of the family and of Dr. Wells, but did not especially charge my mind with her case. Whenever I saw her, I examined her, and if Dr. Wells was present, we consulted upon the treatment, but I was not a party to every prescription that was made, although, on hearing, from time to time, the history of the treatment, I approved of everything that was done. After the return of the family from Bath to Brooklyn, I saw the patient several times, sometimes in conjunction with Dr. Wells, (never in consequence of a request to that effect from the family,) sometimes alone. I do not recollect seeing her for a fortnight before her death. On the day of her death, I saw her first about 2½ P. M. I met a servant of Mr. Large's, who told me the patient had a fit. I asked if her physician was with her, and was answered "Yes." I then said I would go and see if I could render any service. I found Dr. Wells in the room, remained there until 4½ P. M., was there again from 5½ to 7 P. M., and again from 9 to the hour of her death, 11 P. M. During the day consulted with Dr. Wells as to the treatment, and approved of it.

Q. (By Coroner.)—I treat intermittent fever on the basis of the homœopathic law, which is expressed by the formula, "*similia similibus curantur*." The first physician who enunciated this law was Hippocrates—Sydenham, Haller and Greenfeldt alluded to it as a law of cure—but Hahnemann first propounded it as the great law of therapeutics. He arrived at the conclusion that this is the therapeutic law by observation and the study of medical authorities. His own observations were of three kinds. The first were involved in his treatment of a large number of sick persons according to the accredited methods of the day, which be found inefficient and injurious. The second consisted in experiments with drugs upon himself and others when in health. The third was involved in the treatment of sick persons with the drugs whose effects upon the healthy he had learned by experiment. Thus he established, by observation, the truth of the law "*similia similibus curantur*."

Q. How far are you governed, in your treatment of the sick, by the science of pathology?

A. I am not governed by it at all; I use it as an instrument. It helps me ascertain the true condition of the sick.

Q. How do you use it as an instrument?

A. Will you tell me what you mean by the word pathology in your question; I can then reply.

Q. (Coroner.)—I do not know, I know nothing.

A. When you put a question you should know the meaning in which you employ terms.

A. Let that pass for the present; you need not reply.

Q. Do you prescribe only for the immediate symptoms?

A. I prescribe for the entire condition of the patient, looking for the immediate as well

as remote cause of the symptoms. I find it impossible to distinguish between the "aggregate of the symptoms" and anything which is called "the disease." (A half hour was consumed in irrelevant questions.) I supposed the immediate cause of these spasms to be irritation or congestion of the membranes of the brain. After hearing the history of the case from all who could testify, and after witnessing its termination, I supposed that metastasis of mumps to the brain had occurred. I had seen a case of metastasis of mumps to the brain which began and ended just as this case did. It ended with convulsions and hæmorrhage from mouth and nose. I supposed the blood in this case came from the lungs. In the other case I know it did, and the *post-mortem* appearances were similar. I did not say this hæmorrhage was caused directly by mumps. I think it resulted from congestion of the lungs, and this congestion was caused by the embarrassment of respiration during the long and severe convulsions of the respiratory muscles.

From the history of the case, as given me by Dr. Wells and by the family, on Saturday, I have no reason to believe that the lungs were at all congested on that day until after the convulsions had been present for some time.

Q. What are mumps?

A. A contagious disease, the chief characteristic of which is swelling, with tenderness of the parotid gland; but there are certain preliminary symptoms which precede this swelling, but which are as much a part of the disease as the swelling itself; these are lassitude, loss of appetite and strength, quickened pulse, headache, and more or less stiffness in the parotid region. Mumps are usually translated to the sexual glands, and from these sometimes back again to the parotid, sometimes to the brain. But before the age of puberty, and especially in subjects who have had head affections, it more frequently goes from the parotid to the brain.* My authority for this statement is Schönlein. In my opinion this translation occurred in this case. This child had not reached the age of puberty, and she had had inflammation of the brain six weeks before.

Q. (*Juror.*)—In the case of mumps translated to the brain, to which I alluded, and which I saw at Vienna, the convulsions occurred on the third day from the time the child first complained of feeling ill, and before the swelling had appeared in the parotid gland. The *post-mortem* appearances were precisely the same as in this case, except the enlarged spleen and kidney. It was pronounced to be mumps translated to the brain by Professor Rokitsanski.

TESTIMONY OF DR. A. G. HULL, (HOMŒOPATHIST.)

DR. HULL, sworn:—Dr. A. G. HULL, homœopathic practitioner in Brooklyn. I saw this case; was called urgently by Mr. Hodge on Saturday, the day of her death, at 4 P. M. Learned the history of the case from Mr. Hodge before reaching the house. Before seeing the patient I saw Dr. Wells, and learned the history of the case and the treatment. Found the patient in the termination of a convulsion; bathed in a hot sweat, flushed face and labored respiration. The muscles were mostly relaxed, except those of the wrists. The pulse was very rapid and feeble, scarcely to be counted. She was unconscious. I considered the case a desperate one and said so, but approved of the treatment as detailed, and could suggest nothing. From my knowledge of the case, I do not think intermittent fever was the cause of the death. On first hearing the full history of the case, without learning Dr. Wells' opinion of its nature, I said I thought it was mumps, transferred to, or attacking the brain. My treatment of intermittent fever would be, under the circumstances of this case, the same as that of Dr. Wells', but the circumstances of the case always govern the treatment. My ordinary treatment is with quinine; the dose varies from one-half grain to two grains; I am generally successful; I have never lost a case; have treated it so for two years.

Q. What are the symptoms of mumps attacking the brain?

They are attended with spasms, and in one case seen by me there was considerable hæmorrhage from the mouth at the time of death. In that case no *post-mortem* examination was made.

Q. (*Juror.*)—From the history of the case, as given by Drs. Wells and Dunham, I am of opinion that they pursued the usual and most approved method of homœopathic treatment.

TESTIMONY OF DR. WILLARD PARKER, (ALLOPATHIST.)

DR. PARKER, sworn:—Dr. Willard Parker, Professor of Surgery in the New York College of Physicians and Surgeons, assisted at the *post-mortem* examination of Agnes Lottimer. The body presented, externally, an unusual appearance. It was fleshy, dirty pale, the expression of the face remarkably placid, the eye wonderfully lifelike, the con-

* The patient was not seen by a physician from Friday noon to Saturday 11½ A. M. During this time the parotid may have begun to swell—there is no evidence that it did not. The commencement of the swelling of the gland was certainly possible.

junctiva not injected. A section through the scalp was followed by no blood. The skull was removed and a very little fluid escaped during the process. The *dura mater* was remarkably dry. The arachnoid membrane when raised was observed to be somewhat opaqued and thickened in spots; beneath it was some fluid serum. The *pia mater* was somewhat thickened and easily removed from the grooves of the brain; its vessels were intensely congested. The substance of the brain was removed; at its base about three ounces of serum collected in the plate from the whole cranium. The ventricles contained a little serum. On opening the thorax the lungs collapsed imperfectly and crepitated slightly throughout their whole extent. The two pleura were red and much congested, especially on the left side. In the left cavity of the pleura were three ounces of bloody serum. There was one ounce in the right cavity. Both lungs were so much congested that portions cut from them would just float in water. There was a slight old adhesion between the lobes of the right lung. The mucus membrane of the bronchial tubes was thickened and very much congested, and nearly of the color of mahogany. The heart normal. The abdomen being opened, the muscles were seen to be very small and poorly developed. The organs were normal; the omentum bloodless and the intestines charged with gas. The liver was normal in size, rather dark in color and bloodless. The spleen was removed. It weighed one pound; was eight inches long and four wide, natural in consistence and color, and bloodless; four times its normal size. Other abdominal organs normal. The stomach was removed for further inspection. The kidneys weighed together eight ounces, one-third larger than they should be in a child of her age. The capsules were thickened and easily removed, and the kidneys was found to be in the first stage of Bright's disease, and on being submitted to the microscope gave evidence of the commencement of fatty degeneration.

Q. Which of these appearances were morbid?

A. There was evidence of disease in the brain, in the thickening and opacity of the arachnoid; this was not recent; must have been of some weeks' standing; was probably connected with the commencement of her disease and a consequence of it. The congestion of the lungs was unusually great, affecting not only the substance of the lungs, but also the membranes of the air-tubes and the pleura. The bloody serum found in the cavity of the pleura showed the extraordinary extent of the congestion. I should think this congestion in the lungs and brain could not be accounted for by the spasms alone. I should think it resulted from long-continued and unhealthy action. I presume the congestion of the lungs was of recent occurrence. (1.) In the abdomen the spleen was three or four times its normal size, constituting what is called *ague cake*. In firmness and color it was natural. (2.) Liver and other digestive organs were unusually bloodless, owing to all the blood being in the thorax. The kidneys were one-quarter larger than natural, and in the first stage of Bright's disease. This is supposed to be the result of repeated congestion. (3.) Had the history of the case not been related to me, I should have said the deceased had had intermittent fever. That is a common disease in this region; the treatment is well understood by every physician. The cause of the disease is supposed to be a poison, the character of which is not known, and the great antidote was bark and is now quinine. Arsenic holds a high rank as a remedy, and so does ducking head over heels in cold water. Quinine is the great remedy.

Q. (Coroner.)—How successful are the regular profession?

A. I believe they are invariably successful. I have never known a patient to die from this disease. The poison once in the system, remains a longer or shorter time, according to its amount, &c.

Q. (Coroner.)—Were you ever acquainted with the homœopathic mode of practice?

A. Years ago I went thoroughly into the study and practice of it. I found the high dilutions invariably inefficient. In the low dilutions of aconite, arsenic, nux vomica, corrosive sublimate and belladonna I got good effects. These are remedies we use with great caution, and make them our dernier resort.

(1.) It will be observed that Drs. Parker and Gilman both state the congestion of the lungs to have been aloft, quite recent; the latter giving as a reason for this opinion, that had it been long standing (i. e. many hours) it would have resulted in condensation of the tissue of the lungs, hepatization, &c. Nevertheless, they both say it was the result of long-continued unhealthy action! How reconcile these statements under oath?

(2.) A mere enlargement of the spleen, without change in its structure, is no evidence of the presence of *ague-cachexy*, and does not constitute, therefore, *ague-cake*, as is shown by authority. No organ varies so widely in its dimensions in healthy subjects as the spleen, because it is an erectile tissue, very distensible, and a diverticulum for the circulating blood. The witnesses in this case differ very widely among themselves as to the ratio of this spleen to a healthy spleen in size. The witnesses say the liver and spleen were bloodless; now, all authorities agree that congestions from a paroxysm of *ague* and fever affect, before all other organs, the liver and spleen. The inference is clear that some other cause produced the congestions in this case.

(3.) Dr. Wood says, if Bright's disease is a result of the congestion of intermittent fever, it is a new feature in pathology, of which he is not aware Drs. Parker and Clark state the reverse.

Q. (*Coroner.*)—Have you witnessed or heard of any ill-effects from these low dilutions?

A. Yes, from *phosphorus* and *nux vomica*. I have seen *rhus* produce its peculiar eruption.

Q. (*Coroner.*) What are mumps?

A. Intermittent fever is a constitutional disease, so is mumps. It is a well settled axiom that two constitutional diseases cannot exist in the system at the same time; mumps is a contagious disease, located in the parotid gland; it runs a regular course unless disturbed; if interfered with it attacks the sexual glands; at times the brain suffers very much during the disease, and metastasis to the brain is spoken of by authors, but is very rare; I never saw a case or heard one spoken of.

Q. (*Coroner.*) How far would the history of the case, as given by Dr. Wells, lead you to suppose the child had mumps, which attacked the brain?

A. A person could have stiff neck without having mumps, but could not have mumps without swelling of the parotid gland. I do not think she had mumps. There is no doubt convulsions may occur with mumps.

Q. Where did the hemorrhage come from?

A. From the lungs.

Q. From your examination of this child, what would you say caused her death?

A. I think she died of hemorrhage, and anterior to that were the convulsions, which resulted from the intermittent fever poison which had been acting since August, and which resulted in diseases of the lungs, liver, spleen and other organs. (3.) Death was the result of congestion, and hemorrhage. The usual treatment in such cases is to remove the congestion as soon as possible by cold applied to the organ affected, and heat to the other parts of the body. The *great* remedy which takes the place of all others is *quinine*.

Patients sometimes die from too active treatment, sometimes from the reverse. I can only say that these centesimal doses are good for nothing. That is my individual experience. Some seventeen years ago I went through a course of thorough experiments, and in nearly all of them I found that the high dilutions were without effect.

Q. (*Juror.*)—If mumps had existed in this case, I do not think we should have found their traces in the autopsy. We did not look for them.

Q. (*Juror.*)—The autopsy showed no traces of any of the medicines given by Dr. Wells. In the stomach, after examination, no traces of medicine or poison were found; nothing but some blood, swallowed no doubt at the moment of death.

TESTIMONY OF DR. GILMAN.

Dr. GILMAN, sworn—Dr. C. R. Gilman, professor in New York College of Physicians and Surgeons, was present at autopsy in this case. (Description as given by Dr. Parker of brain and lungs.) In the abdomen the spleen was found enlarged, about double its natural size; (2) the kidney was diseased. These are all the points of interest. The congestion of the *pia mater* of the brain was of very recent occurrence—so was the *serous effusion*. The thickening and opacity of the *arachnoid* were older; they resulted from inflammation, which must have occurred weeks or months ago. The congestion of the lungs was probably all of it quite recent. (1) The enlargement of the spleen and the disease of the kidney were probably of longer standing.

Q. (*Coroner*) Do you suppose that mumps were the cause of any of these diseased appearances?

A. All might have and probably did result from intermittent fever. The congestion of the lungs and spleen did certainly result from it. (1, 2, 3.) I don't think that mumps ever had anything to do with these appearances. Mumps are spoken of as occurring

(1.) It will be observed that Drs. Parker and Gilman both state the congestion of the lungs to have been alloft, quite recent; the latter giving as a reason for this opinion, that had it been long standing (i. e. many hours) it would have resulted in condensation of the tissue of the lungs, hepatization, &c. Nevertheless, they both say it was the result of long-continued unhealthy action! How reconcile these statements under oath?

(2.) A mere enlargement of the spleen, without change in its structure, is no evidence of the presence of *ague-cachexy* and does not constitute, therefore, *ague-cache*, as is shown by authority. No organ varies so widely in its dimensions in healthy subjects as the spleen, because it is an erectile tissue, very distensible, and a diverticulum for the circulating blood. The witnesses in this case differ very widely among themselves as to the ratio of this spleen to a healthy spleen in size. The witnesses say the liver and spleen were bloodless; now, all authorities agree that congestions from a paroxysm of *ague* and fever affect, before all other organs, the liver and spleen. The inference is clear that some other cause produced the congestions in this case.

(3.) Great care was taken by the Coroner not to acquaint Dr. Parker and subsequent witnesses with the fact that the convulsions did not occur until nearly three hours after the termination of a paroxysm, and that, during this paroxysm and after its termination, there was no sign of congestion about her, as testified by Dr. Wells, and for nearly three weeks there had been no sign of congestion of any organ, even during the chills, so slight were the latter.

without swelling of the parotid gland. Now, I take it, that is just like speaking of small pox without any eruption.

[Coroner read Dr. Well's reasons for supposing mumps were present in this case.]

Admitting the existence of these facts, to me they would never suggest the idea of mumps. The metastasis of mumps is to the sexual glands, Metastasis of the brain is occasionally spoken of; but I never saw it and never saw any man who had seen it.

I suppose the convulsions originated from the paroxysms of fever and ague, which produce, as is admitted on all hands, congestions of internal organs, and among them, of the brain. The hæmorrhage came from the lungs. I suppose the blood rushed to and fro in the body of the child, until she could stand it no longer, and then the vessels gave way. It was an effort on the part of nature to cure the disease, (!) and the remedy was worse than the disease, and destroyed life.

Q. What influence did these medicines have upon the child?

A. I suppose she died from the regular progress of the disease, as if it had not been treated at all, and that the medicines administered had nothing to do with her death.

Q. (*Juror.*)—I thought when Dr. Parker said, the two constitutional diseases could not exist in the same body, he stated it rather strong. They may exist together, but one would be dormant. The preliminary symptoms of mumps are exactly such as were described as present in this case, and had I been in attendance on this child, I should have said on Thursday, "She is getting the mumps," but if on Friday or Saturday no swelling had appeared, I should have said "I was mistaken." (2.)

Q. (*Juror.*)—How did you know that the congestion of the lungs was recent?

A. If it had existed for many hours before death, it would have resulted in condensation of the tissue of the lungs, hepatization, &c. (1.) Such condensation did not exist.

Q. (*Juror.*)—You said that mumps could not exist without swelling of the parotid gland no more than small-pox could exist without an eruption—now, is there not a preliminary stage of small-pox before the eruption appears?

A. Yes, four days.

Q. (*Juror.*)—And is not the sickness of those four days a part of the disease small-pox?

A. (In some confusion.) Yes, undoubtedly; but until the small-pox and eruption appeared you could not swear it was small pox. Just so of mumps; it would be a question of probabilities.

TESTIMONY OF DR. DUDLEY, HOMŒOPATHIST.

Dr. DUDLEY sworn—Am a physician practising in Brooklyn; have heard testimony of Drs. Parker and Gilman, and have nothing to add to it.

A. (*By juror*)—From appearance and evidence given, I should think mumps did not exist in the child before death. Had they been present they would have shown themselves by swelling of the parotid gland before or on Saturday (13.) I think the child died of hæmorrhage. I attended the *post-mortem* examination. We could discover no traces of any drugs or poisons. If the organs had been affected by the medicines given, we should have discovered it; The small quantities given could not have produced any effect. I have experimented and know that the high dilutions have no effect; I have obtained good effects from homœopathic remedies in larger doses.

Q. (*Juror*)—State particularly what remedies you have tried in your experiments, and for how long a time your experiments lasted?

A. (In some confusion.)—I have tried aconite and nux vomica several time—got no effects from high dilutions—never tried them on healthy persons. I do not, from my own knowledge, think that mumps ever seriously effect the brain.

ADDITIONAL TESTIMONY OF DR. WELLS.

Dr. WELLS recalled.

Q. (*Juror.*) How long before the throwing up of this blood had the child had a regular chill?

A. She had her paroxysm of ague about 10½ A. M. on Saturday. It had entirely passed away before 11½ A. M. It lasted about ten minutes. I saw her at 11½ P. M.

(1.) It will be observed that Drs. Parker and Gilman both state the congestion of the lungs to have been aloft, quite recent; the latter giving as a reason for this opinion, that had it been long standing (i. e. many hours) it would have resulted in condensation of the tissue of the lungs, hepatization, &c. Nevertheless, they both say it was the result of long-continued unhealthy action! How reconcile these statements under oath?

(2.) The argument involved in this statement is a begging of the question. The swelling would doubtless, have appeared on Saturday morning, had not the disease attacked, or been transferred to the brain.

She had then no sign of internal congestion about her. (1, 2.) As the question has come up whether two constitutional diseases may co-exist actively, I will say that while in attendance upon this case, I had a patient who had, at the same time an actively intermittent fever and dysentery. I wish also to put in evidence the testimony of Schonlein, that before the age of puberty, and in subjects who have had head affections, mumps will attack the brain and not the parotid gland.

At this point the Coroner suggested that, as the jury might be some time in coming to a decision, they should adjourn to his hotel to conclude upon their verdict.. The jury, however, stated through their foreman, that as the case seemed to have been pushed beyond the usual limits of an inquest, and to have been made a question between two medical systems, and as they had heard evidence on only one side on this point, they would like to have further evidence, and would give the coroner the names of some homœopathic physicians whom they wished him to summon as witnesses, viz: Drs. E. Bayard, B. F. Joslin, B. F. Bowers and J. F. Gray, of New York. "Very well, gentlemen," said the Coroner, warmly, "if you wish to prolong the matter, I am willing but if you hear two or three homœopathic, and three or four more allopathic witnesses, you will have enough to do." Adjourned to Friday next, 2 P. M.

Third Day, Friday, October 20, 1854.

TESTIMONY OF DR. WOOD.

Dr. Jas. R. Wood, sworn.—Am physician and surgeon practicing in New York. Made *post-mortem* examination of Agnes Lottimer. On external view of the body there was nothing peculiar except the presence of an inordinate quantity of fat. (The description of *post-mortem* appearances given by Dr. Wood agrees in every particular with those given by Drs. Parker and Gilman.) The spleen was found to be many times its natural size. (3.) In my opinion the opaque and thickened appearances of the arachnoid membrane was the result of inflammation, not of a recent date, perhaps occurring weeks before. The serum was probably the result of the congested state of the pia mater, some of it was *post-mortem*. The lungs, I have said, were congested—without evidence before me it would be wrong to assign any cause, and I made the autopsy without knowing the history of the case. (The Coroner then read the testimony of Dr. Wells relative to the history of the case.)

From this evidence there can be no doubt that this patient was suffering from the poison of marsh miasm. From the *post-mortem* appearances, I should think the congestions were the effects of that poison. (1.) The size of the spleen, the color of the liver and the great congestion of the lungs are the facts on which I base this opinion. (3.) The blood thrown up from the mouth undoubtedly came from the lungs; it was an effort of nature to relieve the congestion. I believe the patient died from the loss of blood,

Q. (Coroner)—This patient is said to have had mumps. (Read Dr. Well's testimony and reasons for believing she had mumps.)

A. The *pathology* of mumps is—inflammation of the parotid gland; it is contagious; if the only symptom to indicate its presence were tenderness at the edge of the sterno-cleido-mastoid muscle, I could not be made to believe that she had had mumps. (It is to be remarked that the Coroner did not read the whole of Dr. Well's description of the condition of the patient during the last three days of life. He read only the specific symptoms named, viz: the stiffness and tenderness.) Mumps are translated from one organ to another, usually to glandular organs. It is said by authors to be translated to the brain. I never saw such a case, and I believe this will be the experience of most physicians in full practice.

(1.) Great care was taken by the Coroner not to acquaint Dr. Parker and subsequent witnesses with the fact that the convulsions did not occur until nearly three hours after the termination of a paroxysm, and that, during this paroxysm and after its termination, there was no sign of congestion about her, as testified by Dr. Wells, and for nearly three weeks there had been no sign of congestion of any organ, even during the chills, so slight were the latter.

(2.) Nevertheless, Dr. Wood does, subsequently, suppose it, by inferring that, in this case, the congestion occurred during the chill (which came on at 10½ A. M., and had completely passed off at 11½) continued through the interval till 1½ P. M., and then caused convulsions; this he infers notwithstanding the fact that she was seen by Dr. Wells at 11½ A. M., and no sign of congestion was present, and Dr. Smith (see his testimony) says that, had these congestions been present during the period from the chill to the beginning of the convulsions, a physician could not have failed to recognize their presence.

(3.) A mere enlargement of the spleen, without change in its structure, is no evidence of the presence of ague-cachexy and does not constitute, therefore, ague-cake, as is shown by authority. No organ varies so widely in its dimensions in healthy subjects as the spleen, because it is an erectile tissue, very distensible, and a diverticulum for the circulating blood. The witnesses in this case differ very widely among themselves as to the ratio of this spleen to a healthy spleen in size. The witnesses say the liver and spleen were bloodless; now, all authorities agree that congestions from a paroxysm of ague and fever affect, before all other organs, the liver and spleen. The inference is clear that some other cause produced the congestions in this case.

Q. Is intermittent a congestive disease ?

A. It is. During every *cold stage* of a paroxysm the blood leaves the surface of the body and occupies the large vessels and internal organs of the body. Thus we account for the enlargement of the spleen, for where ague and fever is persistent, this organ is congested from time to time, and becomes permanently enlarged. Other organs may suffer from these congestions. (1.)

Q. (*Juror.*)—Mumps usually commence with inflammation of the parotid gland. Frequently the first symptoms complained of will be chill, followed by more or less fever, quickened pulse, headache, stiffness of gait, more or less swelling. It may arrive at a climax in a week.

Q. (*Juror.*)—On what day does the swelling usually appear ?

A. On second or third day ; sometimes not so soon ; it then goes on increasing for a week. The rule of succession is : The preliminary symptoms mentioned, and then the swelling. Sometimes the swelling appears at once, without preliminary symptoms.

Q. (*Juror.*)—You spoke of a translation—have you ever made a *post-mortem* examination in such a case ?

A. I have never known it to go to the brain ; and in case of metastasis to other organs, I have never known a patient die. Had there been a translation to the brain in this case, the *post-mortem* appearances would have indicated active inflammation, (2.) which they did not.

Q. (*Juror.*)—Intermittent fever is not a dangerous disease. I never knew a person die of it. The pathology and treatment are well established. I think mumps may not be translated before the swelling of the parotid gland, because a thing cannot be translated that does not exist—and mumps do not exist before a swelling of the parotid.

Q. (*Juror.*)—I understood you to say that mumps could exist for two or three days before the swelling appeared ?

A. Well I believe that mumps might be translated before you could see the swelling—but I should infer that some swelling existed from the local symptoms. This is my theoretical opinion. (Coroner read Dr. Well's description of the case.) With these symptoms alone I should not say the patient had mumps. I cannot say whether she had the inception of them or not.

Q. (*Juror.*)—How do you account for the convulsions ?

A. They are easily accounted for from the *congested state of the lungs* : where the lungs are congested the blood becomes black, and on reaching the brain acts as a poison on it. The condition of the *spleen* was undoubtedly the result of *repeated congestion* ; so, possibly, was that of the kidney, but I cannot speak decidedly on this point, because that organ was in the first stage of Bright's disease, and the irritation induced by the presence of this disease was enough to account for the congested state of this organ. If the intermittent fever was the cause of the disease of the kidney, it is a new feature in pathology, of which I am not aware. (3.) These convulsions were consequent upon *congestion*. I have a patient who has convulsions during every paroxysm. I have never known this patient suffer from convulsions *except* during a paroxysm. I never knew a case in which convulsions occurred *between the paroxysms*. It would not be *philosophical to suppose it*. (4.) Convulsions may occur in people at any time, but *never in the intervals of intermittent fever, as a result of that disease*. They rarely occur at all in intermittent except in children. A convulsion might occur two hours after a *paroxysm* of ague, and be attributed to the *nervous shock* of the paroxysm. I have never known such a case. *Supposing the convulsions to have resulted from congestion* in this case, they might have been the result of the paroxysm, the congestions having continued to exist from the chill until even after death. (4.)

Q. (*Juror.*)—My opinion as to the co-existence actively of two constitutional diseases is, that one being active, the other would be greatly modified ; but I could not say that mumps could not exist in the presence of intermittent fever. From the symptoms read by the Coroner, I should not in this case have departed from the established line of

(1.) Had these congestions and convulsions been due to the internal congestion which occurs during a chill, they should have taken place during a paroxysm, and not three hours after one.

(2.) That depends on how long the person lived after the metastasis took place. The first result of metastasis would be irritation, the next congestion, then inflammation—but if the patient died of a convulsion, during the congestion (as Schönlein says is generally the case) there would be no post-mortem sign of anything but congestion ; none of inflammation.

(3.) Dr. Wood says, if Bright's disease is a result of the congestion of intermittent fever, it is a new feature in pathology, of which he is not aware. Drs. Parker and Clark state the reverse.

(4.) Nevertheless, Dr. Wood does, subsequently, suppose it, by inferring that, in this case, the congestion occurred during the chill, (which came on at 10½ A. M., and had completely passed off at 11½,) continued through the interval till 1½ P. M., and then caused convulsions ; this he infers notwithstanding the fact that she was seen by Dr. Wells at 11½ A. M., and no sign of congestion was present, and Dr. Smith (see his testimony) says that, had these congestions been present during the period from the chill to the beginning of the convulsions, a physician could not have failed to recognize their presence.

treatment. The treatment of homœopathists in this disease is the same pursued by allopathists.(!) Hahnemann held that the principle, "*similia similibus curantur*," was fully established in the treatment of this disease. There is no getting rid of the disease without using the anti-periodics.

TESTIMONY OF DR. SMITH, ALLOPATHIST.

DR. JOSEPH M. SMITH sworn, professor in New York College of Physicians and Surgeons.—I have heard the history of the case; agreed in opinion with Dr. Wood as to the type of the disease. Intermittent fever is sometimes a congestive disease, especially in its cold stage; a condition which is sometimes perpetuated unless the hot stage follows. The cause of the disease is marsh miasm. The treatment is by anti-periodics, the chief of which is quinine. Opium is sometimes used in anticipation of a paroxysm. It is not a dangerous disease unless it assumes a congestive condition, as in southern climates. It may be complicated with convulsion or other diseases, or with great mental disturbances. I have heard the termination of this case, and two things struck me: one was the hemorrhage, which was sufficient to prove fatal by syncope or by suffocation. This bleeding came from congestion of the lungs. Now, regarding the case as one of intermittent fever only, I cannot account for this congestion otherwise than by imputing it to the paroxysms of the chill, each paroxysm leaving the organs more congested than before.

Thus I can explain the case, regarding it as malarious, in no other way than Dr. Wood did. The other point which struck me was the alleged metastasis to the brain. On that point it would be impossible to arrive at any definite conclusion. To what extent the symptoms described should be looked upon as indicative of mumps, I cannot say. If the mother had mumps, then it appears the ordinary maturity had not been arrived at by the child. The question then comes as to the translation. This may take place to the brain through the sexual organs, and it is particularly mentioned that it sometimes occurs directly to the brain. Many years ago mumps prevailed in the New York City Prison. Eighty cases occurred. The physician observed that in some cases the sexual organs were first affected—before the disease appeared in the parotid gland at all. As this child was rather young, they might be translated directly to the brain rather than to the sexual glands.

Q. (*Juror.*)—If congestions such as were found in this case had occurred during a chill and had continued for several hours, and she had meanwhile been seen by a physician, would he not have recognised the presence of the congestions?

A. When intermittent fever assumes the congestive form and the hot stage does not come on, the patient lies in a congested state, so that the physician cannot fail to notice this condition. (1.)

Q. How do you account for the convulsions?

A. Convulsions are things which may so readily occur in children, I should not be surprised at any shock producing them if there were great tendencies to them.

Q. (*Juror.*)—If in a case of intermittent, the paroxysms should at first last from 18 to 20 hours, and I should afterwards under treatment be reduced to 20 minutes, what would you think of the effect of the treatment on the disease, and what would be the probable issue of such a case?

A. I never heard of such a case. I could not give a decided opinion, as the case seems a little out of the ordinary course. We expect to break up the occurrence of the paroxysms in 2 or 3 days, and then we expect a recurrence in 7, 14 or 21 days. We usually expect to break up the disease promptly—to be several weeks about it is not usual.—(Coroner read the treatment.)

Q. What is your opinion of such treatment?

A. I have not the slightest experience of such treatment, and cannot answer. With most of the remedies given, I am practically unacquainted. On the question of the child having had mumps, I could not give an opinion. I have never seen a case of translation to the brain. Without such a knowledge of the case as could have been gained by my eye and touch, I cannot say what would have been my treatment of this case.

TESTIMONY OF DR. CLARK, ALLOPATHIST.

DR. ALONZO CLARK sworn. Professor in New York College of Physicians and Surgeons.—(Coroner read Dr. Wood's statement of post-mortem appearances.)—The appearances

(1.) Nevertheless, Dr. Wood does, subsequently, suppose it, by inferring that, in this case, the congestion occurred during the chill, (which came on at 10½ A. M. and had completely passed off at 11½) continued through the interval till 1½ P. M., and then caused convulsions; this he infers notwithstanding the fact that she was seen by Dr. Wells at 11½ A. M., and no sign of congestion was present, and Dr. Smith (see his testimony) says that had these congestions been present during the period from the chill to the beginning of the convulsions, a physician could not have failed to recognize their presence.

of the brain indicate an inflammation as having existed some time before—no sign of recent inflammation. Such appearances as are found in this body would have no connection with an ordinary paroxysm of intermittent fever. With a congestive paroxysm they might. As to other appearances besides those of brain, there are evidences of congestion in the lungs and pleura. It does not seem that the spleen was recently congested. (1.) I can connect all these appearances with a congestive attack of intermittent fever. The kidney was in the first stage of Bright's disease. Congestion from any cause is supposed to be the cause of this disease, and this may have been the result of intermittent fever, although in my experience they have not often been found together. (2.)

Intermittent fever is sometimes a congestive disease. Reviewing the history of this case, I should think that after the first ten or twelve days it was intermittent, or rather remittent, fever. In the first stage it might have been congestive; subsequently, I think not. My treatment of intermittent is by quinine.

Q. (Coroner.)—How successful is this treatment?

A. I am connected with Bellevue Hospital, and see daily fifteen to twenty-five cases. I give quinine and seldom see a second paroxysm. If I see a third, I ask the attendants if the medicine be given. I never saw a death from simple intermittent fever, or even from congestive intermittent, when uncomplicated with other diseases. (3, 4.) The blood came, in this case, from the lungs, I think, in consequence of the congestion, and this was, I think, a part of the intermittent fever. (5, 6.)

Q. Could this congestion have been caused by metastasis of mumps to the brain?

A. It seems to me difficult to say if mumps ever existed in this case, and if they did not, it would be hard to translate them. I have never understood that they were translated until they had been primarily present in the parotid gland.

Q. (Juror.)—Then you think they must be fairly developed to be translated?

A. That is my opinion. Translation of the mumps to the brain is not within my knowledge or my reading. It must be very rare. I have never heard a physician say he had seen such a case.

Q. (Juror.)—Intermittent fever and dysentery may exist actively together—so may bronchial catarrh and dropsy with intermittent. I think the termination of this case might result from intermittent.

Q. (Coroner.)—What is the *modus operandi* of medicines in general?

A. The question is too big for me. We don't in general know. We only know they act. The use of medicines is all the result of observation. I think we are not safe in saying that two constitutional diseases cannot actively co-exist. I remember exceptions, viz: Intermittent and typhoid fevers. I would rather not express a decided opinion on this point.

Q. (Juror.)—Mumps are always a week or two in running their course. The cause is in the system before the local manifestations, and yet a physician would not like to pronounce positively on its existence without tangible evidence.

Q. The dirty-white appearance of the body, and the enlarged spleen, would indicate that intermittent had continued some time.

Q. (Juror.)—The continuance of intermittent renders the system less able to resist the invasion of other diseases.

(1) A mere enlargement of the spleen, without change in its structure, is no evidence of the presence of ague-cachexy and does not constitute, therefore, ague-cake, as is shown by authority. No organ varies so widely in its dimensions in healthy subjects as the spleen, because it is an erectile tissue, very distensible and a diverticulum for the circulating blood. The witnesses in this case differ very widely among themselves as to the ratio of this spleen to a healthy spleen in size. The witnesses say the liver and spleen were bloodless; now, all authorities agree that congestions from a paroxysm of ague and fever affect, before all other organs, the liver and spleen. The inference is clear that some other cause produced the congestions in this case.

(2) Dr. Wood says, if Bright's disease is a result of the congestion of intermittent fever, it is a new feature in pathology, of which he is not aware. Drs. Parker and Clark state the reverse.

(3) If none of these physicians ever knew an uncomplicated case die, the inference is irresistible that this case must have been complicated with some disease, if not with mumps. The fact of no cases ever dying within their knowledge cannot be due simply to the fact that all cases within their knowledge received allopathic treatment—for all allopathic experience shows, that diseases which are fatal if not treated (as is alleged in this case) are sometimes fatal when treated.

(4) These witnesses all swear that the *post-mortem* appearances in this case were the result of a paroxysm of intermittent fever; and yet they all say they never knew of a death from this disease, and never saw an autopsy in consequence of it.

(5) Great care was taken by the Coroner not to acquaint Dr. Parker and subsequent witnesses with the fact that the convulsions did not occur until nearly three hours after the termination of a paroxysm, and that, during this paroxysm and after its termination, there was no sign of congestion about her, as testified by Dr. Wells, and for nearly three weeks there had been no sign of congestion of any organ, even during the chills, so slight were the latter.

(6) It will be observed that Drs. Parker and Gilman both state the congestion of the lungs to have been aloft, quite recent; the latter giving as a reason for this opinion, that had it been long standing (i. e. many hours) it would have resulted in condensation of the tissue of the lungs, hepatization, &c. Nevertheless, they both say it was the result of long-continued unhealthy action! How reconcile these statements under oath?

A. I have no experience in the homœopathic treatment of disease, and cannot give an opinion upon it. From all that I know, I should say the child died from intermittent fever and its consequences.

(Mr. Frère Edey was then sworn, but his evidence having no bearing on medical points, is omitted.)

Tuesday, October 24, 1854.—3 P. M.

TESTIMONY OF DR. GRAY, HOMŒOPATHIST.

Dr. JOHN F. GRAY, of New York, a homœopathist—I have seen congestion occur in intermittent fever. My treatment is with anti-periodics. The chief used by me are quinine, arsenic, ipecac. and tartar emetic. During the paroxysm I sometimes give opium, if congestions occur during the cold stage, and aconite and belladonna during the fever. In the choice of remedies I am governed by the homœopathic law; as to doses, I follow my own experience. The main maxim of this law is *similia similibus curantur*. This does not apply to doses—this is a pure matter of experience. Perhaps in a majority of cases I use quinine. It is but right to add that in this respect I differ from a great majority of my colleagues. If the case is not complicated, I generally find the third or fourth paroxysm to terminate the disease. The cases in which I use quinine are those in which the chill and fever are followed by a copious sweat.

Q. From the testimony given by Dr. Wells, what do you think of this case?

A. I can't answer in full. She appears to have had inflammation of the brain and then intermittent fever. (Then follow irrelevant inquiries in Dr. Gray's mode of practice, &c.)

Q. In my opinion, mumps belong to the natural family of erysipelas. They consist of inflammation of the parotid, and are, properly, divided into two stages—the incipient and developed. The former lasts from six to forty-eight hours, sometimes even longer; is marked by loss of appetite and great loss of strength, nausea, headache, bad taste and peculiar pain in centre of forehead. Sometimes, in this stage, there is a decided chill, followed by fever—this is almost the rule in this country.

Q. Not unfrequently this stage of mumps is attended with convulsions, especially in children who have not reached the age of puberty. There is often, too, a state verging closely on *coma*, and I have often been agreeably surprised to find cases of this kind after several hours fairly develop themselves into mumps. I wish to remark to the jury that mumps is a disease almost entirely unknown in some parts of Europe, and hence in European medical works it is scarcely mentioned; and therefore in its treatment here every physician has to depend upon his own experience, &c. The second stage is when inflammation of the parotid gland has begun to appear.

Q. In which stage do you consider the danger the greatest?

A. In the incipient stage, in which metastasis is more liable to take place.

Q. At what period may convulsions be expected to occur?

A. They occur generally before the inflammation of the parotid gland occurs.

Q. How do you treat the incipient stage?

A. [Belladonna and mercury, &c.]

Q. (Juror.)—Suppose you had a case of inflammation of the brain immediately followed by intermittent fever, would you then make use of quinine?

A. As an abstract case—if the inflammation of the brain were all gone—I should then use quinine, if indicated by the form of the fever.

Q. (Juror.)—Would there be any hazard attending such practice?

A. Yes, if there had been such a previous inflammation as to leave lymph deposits on the membranes of the brain; but only the physician in attendance would be able, I think, to decide this question.

Q. (Coroner.)—If no symptom of brain disturbance had existed for five days, what should you do?

A. I should treat it as an uncomplicated case.

Q. (Juror.)—Are convulsions usual or necessary results of congestion?

A. I cannot say; I see no connection between them.

Q. (Juror.)—How are convulsions produced?

A. They may be produced by fear, fright, shocks, poisons, &c. They often occur to young children in intermittent fever, very much oftener than to adults.

Q. (Juror.)—When do they generally occur in intermittent fever?

A. Whenever they occur it is always in a chill. I never knew them to occur after the chill had lasted over one hour; never after it had lasted over fifteen minutes. The same may be said of mumps; they always occur in the incipient stage.

I consider my patients free of danger when they have been sick an hour or two hours. I do not remember ever hearing of a case of mumps arising during intermittent fever, I do not say it may not be.

Q. You are not unacquainted with this case—in your opinion, would convulsions be likely to occur in it?

A. I should not think them likely to occur with simple stiff neck or tenderness of one side of the neck. (The Coroner read to Dr. Gray only the specific symptoms described by Dr. Wells, not the signs of general constitutional disturbance.) But on the other hand, the presence of convulsions in such a case would lead me to suspect that the child was laboring under some very unusual, new and dangerous irritation, not connected with the intermittent fever. The testimony read, showing that mumps existed in the house, would lead me to think that the irritation in this case might have arisen from mumps, inasmuch as the convulsions occurred so long after the chill had passed.

Q. (*Coroner.*)—Suppose no mumps had been in the house, with such symptoms as have been described, would you be led to suspect it was mumps?

A. I should suspect it was one of three things, viz.: Some eruptive fever, the presence of poison, or mumps.

Q. Why should you suppose so?

A. Because of the case being so entirely out of the usual course of intermittent fever.

Q. When does inflammation of the brain occur in a case of mumps?

A. I think in the majority of cases it occurs before the inflammation of the parotid gland commences.

Q. Have you heard or seen a case of inflammation of the brain occurring in a case of mumps.

A. I have heard of cases of metastasis to the brain, but never saw one.

Q. (*Juror.*)—Have you any experience with the 30th centesimal preparations?

A. I ceased to use them 22 years ago, having previously used them. I thought I cured intermittent fever with them then. I am now satisfied with my present mode of practice. At that time I never lost a case of intermittent fever. Have since lost two cases under desperate circumstances.

Q. (*Juror.*)—The practice adopted in this case was that which would have been adopted by almost every homœopathic member of the profession throughout the world. I may, perhaps, say it was not in accordance with what I, myself, would have done. I generally use stonger doses, but I should have adopted the same law. The majority of homœopaths would go with Dr. Wells.

Q. In what state does the translation of mumps occur.

A. In the incipient stage. Inflammation of the brain is very apt to occur in a case of mumps.

Q. When might metastasis be expected to occur?

A. Metastasis could not take place until after the second stage had begun, although mumps would, of course, attack the brain, primarily, in the incipient stage. There might have been inflammation of the sexual glands, but this never takes place before the age of puberty.

Q. (*Juror.*)—I have never had a case of intermittent fever last many weeks. Perspiration does not always occur in the paroxysms. In many cases the fever is not followed by sweat. These would not be quinine cases.

Q. (*Juror.*)—From what I have heard and know of this case, I think that mumps were present.

[Drs. Joslin and Bayard were then called, but did not answer. It is to be remarked that the Coroner had promised, on demand of the jury, to summon these physicians and Dr. Bowers for the previous session, and when asked by the jury at that session if he had done so, replied he had. It happened that Drs. Joslin and Bowers were present through interest in the case, and they denied that any subpoena had been served upon them. At this session, when it was found that Drs. Joslin and Bayard were absent, the jury asked if they had been summoned, and the Coroner said they had. Dr. Joslin, Jr., was present and stated positively that up to 3 P. M. of that day his father had not been summoned, and a messenger who had just been sent by a third party to ascertain the facts from Drs. Joslin and Bayard themselves, brought word from them that they had received no summons. Thus it appears that the Coroner had no intention of allowing the jury to hear testimony on the side of homœopathy, although he had made the question at issue one between the two systems.]

TESTIMONY OF DR. BOWERS, HOMŒOPATHIST.

Dr. B. F. BOWERS was called, and stating afterwards that he, too, had not been subpoenaed, was sworn:

I am a homœopathic physician, practising in New York; have heard testimony. I think the case began as meningitis, which was followed by a malarious remittent. This became intermittent, and was terminated by a fatal convulsion induced by the specific irritation of mumps. I suppose the case was complicated throughout. My impression is the brain was never restored to absolute soundness throughout the whole case.

Q. How far should you agree with the treatment pursued in this case?

A. I should, in a similar case, be guided by the same principles.

Q. In the case of intermittent you have seen, where has the congestion, when present, been?

A. I have seen it in brain and lungs, indicated in the former by *coma* and in the latter by labored respiration. (Then followed a multitude of abstract questions about homœopathic treatment, wholly irrelevant and very impertinent.)

Q. Would you have expected congestion in this case?

A. No. At the commencement of the remittent I might. In the severe paroxysms which occurred, as I understand it, about the 10th August, congestions might have been expected. I never knew of a case of intermittent fever dying. My opinion of this case is drawn from the history and the autopsy. Mumps are irregular in their course. I do not at this moment recollect having seen a case of translation of mumps to the brain. I have heard of such cases.

Q. Does inflammation of the brain induce congestion?

A. Often, when it produces or threatens effusion. The brain in this case was in a state predisposing to convulsions. Any irritation introduced into the system of children is likely to be determined to the brain and especially the irritation of specific diseases, such as small-pox, scarlet fever, measles or mumps. These diseases, if they do not assume their usual form, are apt to affect the brain and produce convulsions; and if the brain is predisposed to be affected from previous diseases, these diseases are very apt to depart from their usual course and attack the brain. Convulsions generally follow. I do not see any reasonable way of accounting for the convulsions but by attributing them to mumps. I suppose the hemorrhage was from the congested lungs, and that this congestion was a result of the long continued spasm of the respiratory muscles and of the muscular system generally.

TESTIMONY OF DR. WATSON, ALLOPATHIST.

DR. JOHN WATSON sworn—Am physician practising in New York, surgeon to New York Hospital. This case is entirely new to me. (Coroner here read testimony of Dr. Wells, and stated chief features of the case.) I have seen many cases of intermittent fever—it is induced by malaria. The paroxysms commence by a cold stage or stage of congestion, followed by fever proper, which is resolved by sweat. After the paroxysm, a comparatively healthy condition.

Q. (*Coroner*).—What is your treatment?

A. I should first say I do not treat any disease by its name, but by the condition of the patient at the time. My ordinary treatment is with quinine—the dose for a child of 12 years would be 10 grains during the apyrexia.

Q. (*Coroner*).—What has been the usual result of such treatment?

A. I have commonly found scarcely anything else necessary. Very few cases of ordinary intermittent die. From the testimony I suppose this case to have been a miasmatic fever. I should not have treated it at first as an intermittent fever, but differently. It was a remittent first and gradually became milder and assumed the intermittent form.

Q. (*Coroner*).—What, in your opinion, had mumps to do with the case?

A. If the mother's case was a clear one, and the child had never had mumps, I should have anticipated anxiously the appearance of the disease in the child; but the description does not make out a clear case of mumps. Pain in the region described does not make out a clear case of mumps. (Dr. Wells here requested the Coroner to read the whole of his detail of symptoms on this point, if he read any. Coroner: "Dr. Wells, I cannot be interrupted; I am the sole responsible person here.")

Q. (*Coroner*).—Can a person, under any circumstances, have mumps twice?

A. It has been usually stated mumps can occur but once in the same person. I never saw a person have it twice.

Q. (*Coroner*).—When a person has had it once, on one side only, can it occur at some future time, on the other side?

A. I should not expect it. It has been stated to occur, by authors.

Q. Could the swelling arising from a decayed tooth be mistaken for mumps?

A. They might by a very ignorant person.

Q. (*Juror*). In my private practice, I use quinine in ordinary intermittent fevers. When treated sharply there is every chance of their being cured by one dose; but in some cases we have to continue the treatment a long time and sometimes the fever will continue, in spite of it, for months. (1.) I never saw arsenic used for ague and fever.

(1.) Dr. Watson is the first of these witnesses who seemed to know, (or at least who would acknowledge,) what is so well known to the ague-afflicted and quinine taking public here and in the West, viz., that intermittent fever does, very often, continue for months or years, in spite of constant treatment with quinine.

Q. (*Juror.*) I wish to ask you more particularly about the chance of mumps having been present in this child, and will put the question in this form: Suppose the child was so far recovered from her intermittent fever as to be able to ride out and be about the house, but that suddenly she loses her appetite and strength, becomes feverish and feels ill, but complains of nothing specific except a stiffness and tenderness about the neck in the parts mentioned. Now, knowing that the mother had mumps a short time before, should you be led to expect their appearance in the child?

A. I should certainly look at the question as worthy of consideration. What you have said would not have been sufficient to determine me; but it would have been sufficient to make me suspect mumps, and I should have anxiously watched her progress.

Q. (*Juror.*)—How do you account for the convulsions?

A. The fact of a convulsion coming on so long after the chill had passed over I cannot account for. In some instances the medicine given might have caused it—but in this case I cannot account for it; it was not a result of the fever.

Q. (*Coroner.*)—Could the translation of mumps to the brain cause it?

A. You must first prove mumps to have been present before you can conclude. I am not quite convinced they were present. Mumps do not generally go from the neck directly to the brain. (1.) I had a case of a child of three years, who had been ill and exposed to mumps. She had also ulcers in the mouth. She showed symptoms of dropsy in the head and died in convulsions. In this case I suspected, but could not prove, that mumps had affected the brain. No *post mortem* was made.

Adjourned to Tuesday, October 31, 3 P. M.

Fifth Day—Tuesday, October 31, 1854.

The inquest met at quarter to five o'clock this afternoon, in the City Hall. All the jurors, six in number, were present. Twenty-five or thirty persons, including several ladies, were in attendance. Dr. Dunham, by permission made a few explanations, not upon a medical point.

DR. DUNHAM'S EXPLANATIONS.

I stated, after being in consultation upon this case for some time, that I no longer considered myself in attendance upon the child, and this for the reason that the emergency, to advise upon which I had been called, had passed away. In other words, I did not consider myself longer needed as consulting physician.

I stated also that, on the day of her death, I called as a friend of the family, having heard that the child had a fit, (I was told of it in the street by a servant,) to see if I could render any service. I had not then been at my office, and did not know, what I learned some days afterwards, that the family had, in their alarm, sent round for me.

I said I saw the child several times as a friend of the family. By saying this I meant merely to account for the fact of my seeing and examining and taking a professional interest in the patient of another physician, when that patient did not seem to be sick enough to require my attendance as consulting physician.

When I reached the house, finding my presence welcome to the family and the physician, I staid as consulting physician, and for every professional act or opinion given at any time, or under any circumstances, I hold myself responsible.

By the Coroner.—Can you remember how long you considered yourself consulting physician?

Answer.—I do not remember dates.

I was present at the time of the death of a little boy of Mr. Lottimer's, about a month before.

[One of the jurors did not see what this case had to do with the one under consideration.

Coroner Ball said he wished to bring in this case as collateral.

A juror did not think it material.

Coroner Ball insisted upon eliciting the testimony, and proceeded to question Dr. Dunham:]

The child was taken suddenly ill with a fit, and the family sent for the nearest physician, and I happened to be that one. I do not know what was the matter with that child, except he had a fit and died with it. It appears to me one of the family said it was ailing before. That is all I know of that case, except that the child died. I may as well state that immediately on entering the house, knowing that Dr. Wells was the family physician, I directed them to send for him.

To a Juror.—I can't state how often I saw her after she came from Bath. I think I was sent for by the family three times; the explanation which was given me at the time of their sending for me when the patient was under the charge of Dr. Wells was because

(1.) Dr. Watson differs from Dr. Smith (see his evidence), and from Schonlein, who both say that before puberty, mumps go directly from the throat to the brain.

I was so near, and Doctor Wells and myself were on good terms. I said I could not give as good an opinion as a man who saw her every day.

Mr. Lottimer came to me twice, I believe, to talk of the case; I met him several times by accident in Dr. Wells' office.

[Dr. Dunham said he desired here to make an explanation. He proceeded:]

On one occasion, I remember particularly, Mr. Lottimer expressed great anxiety about his child, and asked me questions about the nature of intermittent fever, and its usual course. He desired to know what results usually follow the various forms of treatment.

To a Juror.—The homœopathic treatment and the use of quinine was the subject of our discussion. I remember asking him what had been the course of the disease in this case as respects the severity and duration of the paroxysms. He told me that they had been becoming regularly shorter in duration and less severe. I then told him when I last saw the child I had examined into the condition of all internal organs, as far as I could, that are usually affected by intermittent fevers, and had found no evidence that any was affected except the spleen, and that the spleen was less in size than when I examined her at Bath. I then read to him a statement from Constatt's Theory and Practice of Medicine, to the effect that in intermittent fever, when the paroxysms grow shorter and less severe, and at the same time evidences of localization do not increase, (that is, the disease localizing in any organ,) the prognosis is very good. I read the authority because I thought the statement would be more satisfactory.

Then on the subject of treatment, I explained that the process of cure by the homœopathic method is a gradual diminution of the severity and length of the paroxysms, and a simultaneous eradication of the miasmatic poison from the system, and that when under this treatment the paroxysms had ceased to occur, the disease was eradicated; whereas the effect of the treatment by quinine, except in a very few cases, in which quinine is homœopathically indicated, is to suppress the periodic manifestation of the disease by paroxysm, but not to cure the disease. I stated that I should fear to give quinine in this case on account of the previous inflammation of the brain, which I supposed had left the brain in a feeble condition.

To a Juror.—I have heard Dr. Wells express a similar opinion as regards this very case. He spoke of the probable unhappy result of giving quinine. I had not the slightest doubt that Miss Lottimer would recover from this intermittent fever. I thought it preposterous to connect her death with it, and do so still. I have known a great many people die from *ague-cachexy*, the result of intermittent fever, which has continued for a long time, and in which the disease has localized itself.

When the fever has existed for a long time, and the patient has continued to reside in a miasmatic region, the paroxysms diminish somewhat in severity, but the patient is no longer comparatively healthy during the interval, as he was at first. There is evidence of disease in some internal organ; which organ this is, somewhat depends upon the constitutional peculiarity of the individual.

To a Juror.—I attended the *post-mortem* examination. There was nothing to indicate that *ague-cachexy* was established in this case. In this case there was enlargement of the spleen. This spleen was normal in consistency and color; in *ague-cache* the spleen is not normal in color, not normal in consistency. In *ague-cache* the spleen is not uniform in color; there are spots which are light colored and yellowish brown, and these are shaded off into patches of a chocolate brown, which are softer than the natural spleen, the white being a great deal harder. It has been likened by pathologists to a diseased form of the liver, called *cirrhosis*. I witnessed a great many *post-mortem* examinations in persons who exhibited these.

Some of them died of dropsy, consequent on a localization of the disease, *ague, cachexy*; but the majority died of an epidemic of *peritonitis*, a serous membrane which covers the bowels, which was then prevailing in Vienna. Some died in the course of it.

To a Juror.—I have treated a good many cases of intermittent fever homœopathically—perhaps thirty. I am a young physician. Saw many treated at Vienna. Since the establishment of the second homœopathic hospital at Vienna, quinine has been treated to two patients, out of 150 or 200, under these circumstances.

Cholera appeared in the city and in the female ward of this hospital; by order of the government the hospital was to be devoted to the reception of cholera patients, which I suppose was on account of the success of the homœopathic treatment of cholera. Two patients had intermittent fever, and it was not considered safe for them to travel while they were liable to these daily paroxysms. The physician ventured, being compelled to a choice of evils, to give quinine, for the purpose of suppressing the paroxysms until these patients could get home; they lived a distance from Vienna.

These are the only instances in which I have known quinine to have been used. As they resided far from Vienna, I don't know whether they lived or died. The quinine suppressed the paroxysms. I have never treated a case of intermittent fever with quinine in my private practice. I have used it in the hospital. It will suppress the paroxysms

generally, not always. In some cases the paroxysms have returned in seven or fourteen days, and in some cases they did not return.

The paroxysms of intermittent fever rarely return under homœopathic treatment. They frequently return under the treatment of quinine.

My longest case of treatment of intermittent fever under the homœopathic treatment was about six weeks. It was in the case of a railroad contractor, who had taken the disease at the West. He had had the disease a year and a half, and had taken quinine during the whole of that time under the advice of competent physicians. At first the quinine suppressed the paroxysms for a fortnight; then the suppression was shorter; then it ceased to suppress them at all. He had removed from a miasmatic district for the purpose of getting rid of his ague; when he came to me he had had a paroxysm daily for three months; I visited him daily for six weeks; he then passed from under my immediate treatment, but I treated him by correspondence. In three weeks more he was cured, and is now again pursuing his railroad business.

The disease is slow of cure. I should think intermittent fever could be radically cured in from two weeks to three months. If it was a mere suppression, I should expect to see a paroxysm return in seven days.

To a Juror.—I don't remember Mr. Lottimer ever mentioning to me his desire to have additional medical attendance. Mr. Edey met me and said he was going up for Dr. Gray; think I asked, is that Mr. Lottimer's wish? I remember distinctly saying that if Mr. Lottimer wished to have the opinion of Dr. Gray, or even of any allopathic physician, he ought to have it, by which I meant I had no objection; but that if his object was to intimate to us that we might feel free to call for additional advice, if we felt we needed it, then I did not think it at this time necessary, and I did not think if we did select, we should select Dr. Gray.

I objected in general terms to the other methods of treatment; I said bleeding, or leeching, or blisters, supposing the case still to be inflammation of the brain, or quinine—supposing it to be a malarious disease, which ever hypothesis the physician called in might take—would prove fatal.

I then remarked, what I still think, that I was foolish in giving any opinion at all on the subject, because Dr. Wells was the attending physician, and not I, and such an application should have been made to him. I referred Mr. Edey to him.

To the Coroner.—I have no recollection that Mr. or Mrs. Lottimer importuned me at any time to have additional advice. They were at liberty to employ any physician at any time they chose. There was no period from the 10th of August to the death of the child that I thought it necessary to have advice. She was amending, and I was shocked when I heard of her death.

TESTIMONY OF MR. LOTTIMER.

My name is William Lottimer. My little girl was taken sick on the 2d of August, as near as I can recollect; Dr. Wells, I think, saw her on the following day, at Bath; I was not present; saw him the night of the 10th there; he called her disease congestion of the brain and inflammation of the brain, at that time; congestion of the brain was not marked at that time, but inflammation of the brain, I understood it to be; I saw him at his office; I called to get a general idea of the case; nothing at that time was said of consultation.

She had taken a very low turn, and there was apparently a change in her position; we thought she would not pass the night; a despatch was sent to Dr. Wells and he got down to Bath about 10½ at night; I think he believed she was in danger, but he made no statement to that effect; I supposed he thought so from her apparent low state.

Dr. Wells remained during the night till next morning at Bath, when he sent for Dr. Dunham, who came down, and that was the first time saw he her; Dr. Dunham having been called in by Dr. Wells, I considered him the consulting physician; Dr. Wells was ostensibly our doctor, but from that time, Dr. Dunham having been called in, I considered him the consulting physician with him.

After that time they visited her jointly at Bath for a considerable time, and during the month of August every day till she was somewhat better, and keeping within bounds, I should say they visited her ten days after we supposed she was so seriously ill; then Dr. Wells visited her every day personally, and on one or two occasions Dr. Dunham supplied his place when he could not conveniently go; that is about the statement of the case till we returned to Brooklyn, on Monday, the 4th of September.

She was apparently getting better slowly, as we thought, after we came back to Brooklyn, Dr. Wells visiting her every day again, and Dr. Dunham also seeing her occasionally, if we deemed it necessary, more than once in twenty-four hours, as he was more convenient; so it went on till the termination; most certainly did I call upon both Dr. Wells and Dr. Dunham for additional advice, not only once, but oftener; I saw them jointly and separately, and asked them, if they had one iota of doubt as to the condition of my dear child that they would call in additional advice; I had an assurance from them that

they did not deem it necessary, as they comprehended the case; I can't say that any other member of my family spoke to them for additional advice.

I always consulted with my wife, and I was the messenger. I may here state that Mr. Edey very kindly went to Brooklyn for me with the express object of getting Dr. Gray to visit in conjunction with them; he did not see Dr. Wells, but saw Dr. Dunham, who stated if we called Dr. Gray he was afraid he could not confer with him, as his principles of practice were somewhat different; they visited Bath that day themselves personally, and after having seen her, as far as I recollect, Mrs. Lottimer and myself thought Agnes was better, which alleviated our fears, and we did not then insist on this additional medical advice.

Had I not been prevented from the fact that Dr. Gray was somewhat different in practice, and my respect to the medical profession, I should have had him called in that night; and I would further add, that I had confidence in the physicians we then had, Dr. Wells having visited my family for more than two years, and treated every case successfully except my little boy, who died at Glen Cove; I would also record of Dr. Dunham that I had every confidence in him, and my wife more especially; and I would say, therefore, with assurances from both of them, that my child was not in great danger, you may suppose that my fears were somewhat allayed by such a statement and my anxieties also.

I cannot state that either of them said there was mumps existing up to the time of her death; but I believe that Dr. Wells stated about that time, or after, that she did die of mumps; only two or three days before she died she was taken with pains in the neck; my wife stated to me that she thought Agnes was getting the mumps; she went out a few days before by Dr. Wells's permission.

My wife complained of soreness of the neck between the 23d and 28th September; it came on with a swelling about the jaw; she had several unsound teeth, and we thought it proceeded from the gum; Dr. Dunham, I think, first saw her when she had such a pain in her face; I went to his house for him, between ten and eleven o'clock at night; I was present when he came; he told her it was some swelling on the gum; he gave her some stuff for it, and left in a few minutes; she did not get well of it; it continued and extended on to the neck.

She is considerably troubled with what we call neuralgic pains in the head; these pains, I think, affect her teeth; I understood my wife to say the doctor told her she had mumps; I think she said she had the mumps once on one side of her face, when she was young.

To a Juror.—Dr. Hull was called in on Saturday, after she had convulsions; Mr. Large and I hurried home as fast as we could, and finding that Agnes was in that state, I don't think we asked their assent, but were determined to have some other doctor besides themselves. I think Dr. Wells and Dr. Dunham were present and said send for him, but I can't be positive.

Dr. Hull did not make any alteration of the treatment; he conferred with the others and administered medicine; my wife thought Agnes was getting the mumps, because she had the disease; I had no misgivings at any time of the homœopathic treatment; I had confidence in it, as far as my observation went.

Dr. Wells, I believe, prescribed for my little boy for fever and ague, which I thought myself he had; this was previous to my wife's having the mumps; there were no mumps in the family at the time my boy was taken sick, to my knowledge.

[Dr. Wells then wished to make an explanation in regard to the consultation. The statement made by Mr. Lottimer agreed with his. He was proceeding to remark on the mumps of Mrs. Lottimer when the Coroner interrupted him, and would not allow him to go on.]

The Coroner called a nurse in the family of Mr. Lottimer.

TESTIMONY OF AMELIA TUIT.

I reside in Mr. Lottimer's family; was nurse of the child, with Mrs. Lottimer; was there at the commencement of the child's sickness; heard Dr. Wells say to Mrs. Lottimer she had the chills and fever; was not always in the room when the doctor came; was not there on the night of the 10th of August; had gone up stairs to bed; one day in the week that she died I heard Agnes complain of the soreness in her neck; Mrs. Lottimer first called the doctor to look at it, and he said he must cure the chills first.

She did not tell me what the doctor said it was; he said on Saturday to Mrs. Lottimer and myself that it was not the mumps; she drew the doctor's attention to the child's neck again, and he said it might be a little cold; he said Agnes could go out on Friday to ride; it was on Saturday he said it was a little cold she had taken; never heard the doctor, at any time, say it was mumps; heard Mrs. Lottimer say to Dr. Wells that the family was very much dissatisfied; and she did not really know what she was going to do; the doctor said it would take some time till she was better; heard her several times say to Dr. Wells that she did not think the child was improving.

TESTIMONY OF BENJAMIN F. JOSLIN.

Am a practising homœopathic physician in New York; have practised between twelve and thirteen years; have frequently treated intermittent fever during that time; have had several cases in the present month; treatment is always homœopathically, as far as I can make it so; *arsenicum* and *rhus* are the remedies I used in the last three cases this month; I also use other remedies; oftener use the high dilutions; I have used them successfully, except in one case.

I believe there is one or more congestions in serious cases of intermittent fever; I recollect no case of convulsions attending intermittent fever; I think those cases are very rare; I now recollect another case of intermittent fever which I lost a few years ago.

If two constitutional diseases are extremely similar, I think they cannot co-exist in an active form; a vaccine disease, for example, and small-pox, I think, could not exist in an active form; mumps and intermittent fever, I think, might exist; mumps are translated to the brain; in consequence of the mumps, the brain may become diseased about the time the mumps disappear; the brain may be attacked primarily, secondarily or tertiary; I recollect no case where the mumps attacked the brain first.

An educated physician would not be likely to mistake mumps for a swelling; my experience of the treatment of mumps is not very great, as that is generally left to domestic treatment; (he described the symptoms of mumps;) if incipient mumps should vanish suddenly I should look for them in some other organ—probably in the brain before puberty; so far as my knowledge extends, I employ homœopathy in all cases.

I heard of Dr. Well's treatment, and thought it judicious; I practised allopathy about sixteen years, in Chittenango, State of New York; have treated intermittent fever allopathically; my treatment then was principally by sulphate of quinine; I used it sometimes in solutions, with an excess of sulphuric acid; two or three grains were used in solution in a dose; I thought I cured some cases, because the paroxysms disappeared.

I don't recollect losing any cases; some cases were apparently cured at once, but I don't recollect how long it took to cure them; I succeeded in removing the intermittent form of the disease; I believe quinine will create a disease, which will in many cases remain; there may be diseases sometimes, but no symptoms; but I do not know what symptoms would show themselves; inflammation of the spleen, I think, would be brought about by the use of quinine; am not able to say I've seen a case of the kind.

The fundamental theory of homœopathy is that a remedy is adapted to the cure of a disease which manifests itself by symptoms similar to those which the substance is capable of producing in a person in health, when given in sufficient doses.

Hahnemann is the founder of the theory; he first proposed it as a general therapeutic law; he first proposed the 30th dilution; sometimes higher dilutions are now used; if I give the first dilution of *nux vomica*, and give a single grain, it is the 100th part; I usually employ the pellet form; different methods are employed in making them. (He described the mode which he used in making pellets.)

I give from three to six of the pellets for a dose when I give them dry; when I give them in solution I dissolve from six to twelve in half a tumbler of water; give three teaspoonfuls for a dose; if I give the 12th dilution of belladonna there must be less than the quadrillionth of a drop in a dose; used belladonna in scarlet fever to one of my own children, when I practised allopathy, about twenty years ago; I used it in solution; I read of it in a foreign medical journal.

I took three grains of extract of belladonna and dissolved it in three ounces of liquid; think I gave five drops in a dose, and it produced good effect; I gave it to two of my children; I gave about the 50th of a grain for a dose; the effect to me was singular; the child to whom I gave it was relieved in a short time; I think the decillionth of a grain, in many cases, produces as good an effect as the 50th of a grain.

I think that intermittent fever and mumps may exist, if the scarlet fever existed with the same intensity it did before, and the belladonna action also existed, the totality of the two actions must be greater than either, and we must, in that case, have a disease that will be equal to the sum of the two, namely, that produced by the poison of scarlatina and that produced by the belladonna.

I know of no reason why intermittent fever and mumps should not exist at the same time; that poison which produces mumps may act upon another part of the system besides the parotid gland; don't know that I have ever seen a primary case of mumps attack the brain; have made *post-mortem* examinations.

I suppose the blood thrown up in the case of Mr. Lottimer's child was caused by congestion of the lungs; it might have been brought about by convulsions; I have not used the sulphate of quinine during the time I have been a homœopathic physician; an ordinary case of intermittent fever may be cured in two days, and may run on for two weeks; incipient mumps may exist a week, more or less, before they develop themselves; coffee is given in homœopathic doses to induce sleep; the excruciating pains of parturition are allayed by it.

Dr. Wells asked permission, since there seemed difficulty in getting testimony on certain points in this case, to introduce as evidence statements made and sworn to before a commissioner by Drs. C. Hering, C. Neidhard and A. Lippe, homœopathic physicians of great eminence and experience in Philadelphia.

On request of the jury, Dr. Wells stated that the points testified to by these gentlemen were the following:

1. Congestions and convulsions caused by intermittent fever occur during the chill, and never during the interval.

2. From the history of the progress of this case they would not have been likely to occur in it; but that the favorable issue of this case seemed from the history to be certain.

3. Mumps and intermittent fever have been known by these gentlemen to co-exist actively.

4. Mumps and intermittent fever have been known to attack the brain without first producing swelling of the parotid gland; and in such cases congestion and fatal convulsions have followed.

5. The 30th centesimal preparations have been used successfully by these gentlemen in treating intermittent and other diseases, during an experience respectively of twenty-six, twenty, or sixteen years of large practice.

The Coroner refused to admit these affidavits as evidence.

Dr. Dunham asked leave to adduce, in support of his medical opinions, allopathic authorities of the highest respectability, on the following points, viz:

1. Congestions and convulsions occur in the cold stage of intermittent.—[Eberle, Pract. Medicine, Vol. 1, p. 75 and 77.—Canstatt, Special Pathology and Therapeutics, 1,412 13.
2. Congestions of the lungs occur in the course of convulsions.—[Copland's Dict. Pract. Med. p. 912-13.
3. Mumps may be translated directly to the brain.—[Schonlein Gen. Path. and Therap. Vol. 1, p. 243.—Eberle Pract. Med. 1, p. 184, (a case related,)—Wm. Kerr—Cyc. Pract. Med. 111, p. 476.—Hartmann—Diseases of Children, p. 372.
4. Intermittent may be complicated with other diseases.—[Eberle—Pract. Med. 1, 75.—Canstatt—Special Path. and Therap. 1, 421.
5. Pathology of ague-cachexy.—[Canstatt—Special Path. and Therap. 1, 417.
6. Quinine is sometimes injurious and often fails to cure intermittent fever.—[Dewees—Pract. Med. p. 99.—Eberle—Pract. Med. 1,855 and 93.—Boston Med. and Surg. Journal, Vol. 5, No. 2.
7. In this case the prognosis was good.—[Canstatt—Spec. Path. and Therap. 1,423.
8. Statistics of Homœopathic Treatment of Intermittent—average number of paroxysms after beginning treatment $4\frac{1}{2}$.

The inquest was then adjourned, at quarter to ten at night, till three o'clock on Thursday afternoon.

TESTIMONY OF MRS. LOTTIMER.

Am mother of Agnes Lottimer; my little girl was taken sick on the first of August; Dr. Wells saw her next day; he called her disease, at that time, congestion of the brain; on the 10th day he gave it the name of intermittent.

Agnes complained of the soreness of her neck on the Thursday previous to her death; on that day I drew the attention of Dr. Wells to it; he did not examine her neck on that day, Thursday; I asked him to do it two or three times; he did not, on Thursday, account for the stiffness or soreness of her neck; on Friday I again called his attention to it; he then made an examination of it, and said there were no appearances of mumps at all.

My little girl was taken with convulsions on Saturday, about twelve o'clock; at the time she was in convulsions Dr. Wells stated she had mumps; he said the mumps would throw it to the brain; he did not say positively, but he thought so; he was asked by my friend if that might be the case, and he replied that it might be so; on Saturday he said she had congestion of the brain; I asked him about it two or three times.

I expressed great anxiety about the case of my child; said I felt she was not improving, thought she was not getting better, and that the doctors let the chills last too long; expressed this to Drs. Wells and Dunham; they said the chills would soon break and slip by, and that Agnes would get well.

Dr. Wells had put his ear to her chest three times, but he never made any particular examination; he visited her nearly every day, and examined her pulse up to the time of her death, for a fortnight; he would sound her chest, but never say anything about it. He said I was unnecessarily uneasy and nervous.

About three weeks before her death I sent for Dr. Wells; he came, and I told him I felt uneasy about her case; he put his ear to the child's chest, but gave me no satisfaction; he left some medicine and then went away.

Dr. Dunham said I need not be alarmed; I asked him whether there was any congestion about her lungs, heart, liver, or other vitals, and he replied they were all right; he did not, previous to answering me, examine the child himself; I stood at the bedside.

I never saw Dr. Dunham examine my little girl about the chest; I was generally in the room when Doctors Wells and Dunham came; on the 14th of September I had some trouble about my neck; it proceeded from a tooth; my tooth pained me so much that night that I had to send for Dr. Dunham; it seemed to have a great deal of inflammation in it; I lanced (or leeches, we could not hear distinctly which) the gum in the afternoon; at eight o'clock in the evening I applied hops on the outside of my face. The gum and right side of my cheek were very much swollen; it affected me under the jaw—more the jaw-bone than the glands; had not much swelling under the ear—it appeared more under the jaw-bone; a day or two before my child died I was entirely free from soreness and stiffness about my face—the soreness gradually disappeared.

My sister told me I had mumps on one side of my face when a child; I have no knowledge of it myself; do not know on which side of my face it was, nor does my sister remember; Dr. Wells told me on the third day after I complained that I had the mumps.

Dr. Dunham saw me on the night of the 14th; Dr. Wells saw me the next morning, and prescribed for my face, and attended me constantly: I had the swellings on my face at the time he told me I had the mumps; am certain I had only one attack, and the swelling and soreness continued; have frequently had trouble with my teeth and gums, and have had a swelled face; my jaws were always stiff and swollen when I had this trouble with my face; it has been so painful that I have had to call in medical advice; Dr. Wells attended me several times; have suffered from neuralgic pains in the face.

TESTIMONY OF DR. ROSMAN.

Am a homœopathic physician of Brooklyn; the homœopathic law is *similia similibus curantur*, that is the whole of it; the sizes of the doses of medicine have nothing to do with it; I profess to practise according to that law, and use my medicine in doses which I think will cure my patients.

I treat intermittent fever with *ipæcac.*, *belladonna*, *arsenic.*, *nux vomica*, *Peruvian bark* and *quinine*; use the mother tinctures, some five or six drops in half a tumbler of water; the doses are a spoonful; might use a table or teaspoon full, or double the quantity; of *nux*, sometimes the first and sometimes a centesimal dilution; I vary the doses of *quinine*; sometimes give half a grain; use it when necessary.

To a Juror—I have heard a portion of this case; independent of the reputation of Dr. Wells, I am satisfied of his treatment; I should, perhaps, have used stronger doses than Dr. Wells; it is a matter of opinion in our profession which is the proper mode of administering tinctures; I often treat intermittent fever; the disease varies, but I have arrested the paroxysms in three days, and sometimes it required as many weeks.

I do not generally use quinine in intermittent fever; the action of quinine is dangerous in inflammation of the brain; think I have heard sufficient of the case to form an opinion that the child had the mumps, and that they were translated to the brain; think so from her having soreness at the end of her jaw and convulsions.

The testimony which I have seen has led me to the opinion that the child had mumps, and that the translation to the brain was the cause of the convulsions.

If I had not heard that the mother had the mumps, the convulsions would not have led me to believe that the child had the mumps.

I never had in my practice a case of translation of mumps to the brain; think I have not known of any such case except the one spoken of.

TESTIMONY OF DR. CHILTON.

To a Juror—Am a chemist; made an examination of the stomach of Miss Lottimer and its contents; found it to contain about four ounces of a thick dark liquid; analysed the liquid and could detect nothing in it but a little blood and mucus.

I tried it carefully for different poisons, but could detect none; applied very many tests; tried it for ordinary mineral poisons and for vegetable poisons; tested it for strychnine and arsenic, but not for belladonna; there might have been many vegetable substances that could not be discovered by my test; belladonna could not be detected unless it was in large quantities, to separate the extractive matter in it; the examination I made gave no alkaloid that I could recognise.

As there were no more witnesses to examine, Coroner Ball took occasion to call the attention of the jury to the editorial article of the *EVENING POST*, and its reports in relation to the inquest.

The Coroner had attempted to subpoena Doctors Parker and Gilman to attend, in consequence of the statements of the *EVENING POST*, so that they might correct its errors, but they could not be found. As far as the attacks on him (the Coroner) were concerned, he considered them beneath his notice, but he would not allow his witnesses to be impeached.

Mr. Taylor objected to hear anything in relation to it, as they could not try the *EVENING POST*. He said the jury were ready to finish this business.

Coroner Ball however proceeded to denounce the *EVENING POST* for its reports and comments, notwithstanding the juror's objection. He said he should adjourn the inquest till another day, to call Doctors Parker and Gilman.

Mr. Taylor said the jury were ready and anxious to end the case.

Another juror said, We have nothing to do with the *EVENING POST*. We are to decide according to the testimony given before us. We have nothing to do with the editorials, comments or reports given in the *EVENING POST*.

Mr. Hodges suggested that the Coroner and Mr. Taylor compare notes to see if there were any very great discrepancies; and if so, to call those doctors, let them explain their testimony and make it correct.

Coroner Ball agreed to take this course, compare the notes of the testimony taken by Mr. Taylor and himself, and if necessary to summon those doctors. He said this examination was a very difficult task for him, as he was brought up an allopathic physician, and his predilections had led him that way. He had endeavored to do right, and his witnesses were physicians of the highest standing and qualifications.

Mr. Taylor said the jury perfectly understood the case, and were prepared to decide it at once.

The Coroner replied that if they were prepared to finish it without him he had nothing to say, and again alluded to the *EVENING POST*, to what he was pleased to term its farcical remarks.

Mr. Taylor again asked the Coroner to finish the case to-night.

The Coroner said he was not prepared to finish it, in consequence of the statements in the *EVENING POST*. Physicians, he continued, are the most sensitive men in the world.

Mr. Taylor said the testimony was exhausted, and the jury were exhausted. It is only by courtesy to the Coroner, he continued, that I consent to meet again.

The Coroner acknowledged the compliment, and adjourned the inquest till Saturday afternoon, at four o'clock.

Seventh Day, Saturday, November 4, 1854.

The Coroner's jury met at twenty minutes past four o'clock this afternoon, to commence the seventh day's investigation into the cause of the death of Miss Agnes Lottimer. Her attending physicians and about twenty spectators were present.

Coroner Ball called Dr. Dudley, who took the stand.

Coroner.—Did you make, or assist in making, a *post-mortem* examination of Henry Lottimer, and when?

Dr. Dudley.—I, with Dr. Parker, made a *post-mortem* examination of Henry Lottimer, aged about three years, at the request of the family, I think on the 11th of September.

Coroner.—(Handing Dr. Dudley a manuscript) Do you verify this paper as a correct statement of the *post-mortem* examination?

Dr. Dudley.—I do.

The paper referred to was in relation to a *post-mortem* examination upon the body of Mr. Lottimer's little boy, who died a few weeks before the girl. It is as follows:

POST-MORTEM EXAMINATION OF THE BODY OF HENRY LOTTIMER.

"The body presented externally a dirty pale color, the face placid, the eye clear, and the conjunctival covering not injected. The section through the scalp was followed by no blood. On removing the skull, no fluid escaped. The vessels of the membranes of the brain were congested; the brain otherwise healthy. Some serum found in the ventricles of the brain, but nothing more than normal. On opening the thorax, the lungs on being cut were slightly congested throughout. The heart and its covering was normal; no coagula in the ventricles. The abdomen being opened, the omentum and small intestines were healthy, but almost bloodless. The stomach tied at both its extremities and removed for examination. The liver enlarged, but otherwise healthy. The spleen about three times its natural size and much congested, and easily broke down between the fingers."

Coroner Ball then read to the jury the following extracts from the law relating to inquests, and then delivered his charge:

"Wherever any Coroner shall receive notice that any person has been slain, or has suddenly died, or has been dangerously wounded, or has been found dead under such circumstances as to require an inquisition, it shall be the duty of such Coroner to go to the place where such person shall be, and forthwith to summon, &c., &c.

"The jury upon inspection of the body of the person dead or wounded, and after hear-

ing the testimony, shall deliver to the Coroner their inquisition in writing, to be signed by them, which they shall find and certify how and in what manner, and when and where the person so dead or wounded came to his death or was wounded, as the case may be, and who such person was; and all the circumstances attending such death or wounding, and who were guilty thereof, either as principal or accessory, and in what manner."—Revised Stat. Vol. II. p. 925.

THE CORONER'S CHARGE.

Gentlemen of the Jury: This case comes under the head of sudden death, inasmuch as the patient, according to the statement of the attending physician, was in no danger, slowly progressing to recovery, when she is suddenly taken with unexpected convulsions, and dies in the course of a few hours.

This case, gentlemen, is one of a peculiarly delicate nature, involving, as it does, inquiry on your part into the mode of practice and conduct of the medical attendant. It becomes you, therefore, to divest your minds of all prejudice and to be governed in your verdict solely by the testimony before you. You are to decide, so far as you can from the evidence, in conjunction with the *post-mortem* appearances, of what disease Agnes E. Lottimer died, and all the circumstances attending such death.

The only two diseases in evidence before this jury, as supposed to be present at the termination of the case, are intermittent fever and mumps translated to the brain.

That intermittent fever did exist, and was of long continuance, all the witnesses agree.

In relation to the existence of mumps there is a diversity of opinion, nearly all the witnesses being governed in their evidence by the presence of mumps in the mother. On this point you are to take into consideration the testimony of Mrs. Lottimer, her statement of the commencement, progress and termination of the ailment in her face and neck, commencing on the 14th of September. Also the fact of her previously, in her childhood, having mumps, and the uncertainty as to which side the disease affected; it being conceded by all the witnesses that this does not twice affect the gland on the same side, and thought by some that an attack of mumps on one side gives immunity from a second affection of the glands on either side. Comparing the statement of Mrs. Lottimer with the history of mumps as given by the several medical witnesses, your own common sense will enable you to decide how far her illness on the 14th was the disease commonly known as mumps, and how far likely to be communicated to her child.

If you come to the conclusion that mumps were present, you are next to decide, was there translation of this disease to the brain, and was this translation the cause of the convulsions and hemorrhage from the lungs, of which this child died? On this point all the physicians testify that this translation is of very rare occurrence, but two of them ever remembering to have seen a case.

There is also, according to the evidence of the gentlemen who made and witnessed the *post-mortem* examination, the absence of all traces of recent inflammation of the brain—all the morbid appearances found having been the result of disease of some weeks' standing. In opposition to this, you have the opinion of others that there was a translation to the brain.

If there was translation of mumps to the brain, how far was this the cause of the convulsions and death? This you will decide as the testimony of the various witnesses impresses your mind.

As some said in forming an opinion as to the death resulting from the translation of mumps or from intermitting fever, I deem it proper to call your attention to the case of Henry Lottimer, who had intermittent fever, died in convulsions, and no mumps present, as also to a comparison of the *post-mortem* appearances in his case and that of Agnes E. Lottimer. As to the hemorrhage from the lungs, which was the immediate cause of death, you have the *post-mortem* appearances, showing intense congestion of the lungs, pleura and bronchial tubes, as also the testimony of all the witnesses as to the existence of this congestion. There is a difference of opinion as to the cause of this congestion, some alleging it to have been the result of the spasms, others holding that it was the effect of repeated chills in cold stages of intermittent fever, gradually leaving the lungs more and more congested with blood, interfering with their function and eventually altering their structure, until they became unfitted for the proper performance of the duty assigned to them, as evinced by the partial crepitation and their increased specific gravity, showing they were impervious to air, thus preventing the proper decarbonization of the blood, and this impure blood acting deleteriously on the brain. The truth is for your decision.

And now, gentlemen, I come to the last, and to me, by far the most delicate part to discuss—to you the most difficult to decide upon—I allude to the conduct and treatment of this case.

Patients sometimes die from too active treatment; at others, from misapplied remedies,

arising from a mistaken view of the case; again, from inefficient treatment, whereby the disease is allowed to kill. In either case a physician is responsible. In order to arrive at a just decision, among other suggestions that will present themselves, the following will be proper: If mumps were present in the mother, and the attending physician's attention was called to the stiffness and soreness of the neck in the child, which he assigns as the principal reason for supposing the presence of this disease in her, and this, too, in a patient debilitated by an unusually long continuance of a disease congestive in its nature—the mother constantly with her child and liable to communicate the disease to her—how far was he justifiable in not critically examining for the presence of this disease in the patient—how far culpable in neglecting, immediately on his conviction that the disease was translated to the brain—which took place, according to his statement, on Saturday morning—to use the proper remedies to prevent evil consequences. As to the treatment of the intermittent fever part of this case, you have the evidence of physicians on both sides that under both modes of treatment the disease usually yields, and the paroxysms are checked after three or four returns, sometimes the disease lasting, at the outside, three weeks; none testifying to any in their own practice exceeding that period. You have the experience of gentlemen using the anti-periodics, of which quinine is the principal, two of whom are homœopathsists, others who practice allopathy, some who now practice homœopathy, having formerly prescribed allopathically, all of whom state that under both modes of practice they almost invariably cured the disease speedily, and lost no patients. Couple with this the facts that in this case the attending physician's attention was constantly kept alive by the daily expression of anxiety on the part of the parents of this child; the disease continuing for a length of time so far exceeding the duration of this complaint; the child having been in the first place taken with disease of the membranes of the brain, which he told the mother was congestive fever—how far was he justified in pursuing his own course, relying upon his own judgment, and discouraging the employment of additional counsel, who might have discovered some cause for the slowness of the recovery, and suggested some improvement in the treatment which might have escaped the notice of the medical attendant, and thus have secured a different result? This view of the case I feel in duty bound to present for your notice. Of all professional men, there are none in whom more blind and implicit confidence is placed than in physicians. Patients are completely at their mercy. Their accountability cannot be too strict. No class of men should be more distrustful of their own judgment, if there is the least shadow of doubt on their minds, or bear with more humility the responsibility imposed upon them by the Almighty when they selected the profession of medicine as their path of usefulness through life. "All that a man hath will he give for his life." When we reflect that physicians hold the fearful balance between life and death, and by their judgment is the scale made to preponderate, we cannot but acknowledge that the responsibility is too grave, the consequences to those entrusted to their care too important, to be lightly assumed or rashly exercised.

These considerations, gentlemen, render this case of far more importance than the ordinary cases that come before a coroner's jury, and make it imperative on you to weigh this case the more carefully, that you may, on the one hand, do no injustice to the physician, or on the other, neglect the duty you owe the public.

One other suggestion, and I have done. How far was the physician justified in totally neglecting an established mode of practice, in this disease of intermittent fever, by bark and remedies of a like nature—which has been pursued by physicians for some two hundred and fifty years—and by quinine, a preparation of bark, for some fifty years, with sufficient success to continue its use unto the present day in all cases, and this, too, before the varieties of the disease that is made by the homœopathsists; when he saw that these remedies did not prevent the continuance of the disease for so great a lapse of time beyond the usual period for arresting it?

As to the comparative efficiency of high and low dilutions, if you consider it necessary to make that a part of your inquiry, you have the testimony of physicians using both to guide you.

With these remarks, gentlemen, I leave the case in your hands.

At twenty minutes to five o'clock the court-room was cleared of the spectators, to allow the jury to deliberate upon a verdict.

Groups of physicians and others collected in the hall near the court-room, and the merits of homœopathy and allopathy were warmly discussed for two hours, while awaiting the decision of the Jury.

At twenty minutes to seven it was announced that a verdict had been agreed upon. The doors of the Quarter Sessions were opened, and the people crowded into the room; to hear the result.

Mr. Taylor, the foreman, read the following:

VERDICT OF THE JURY.

The jury, on view of the body of Agnes E. Lottimer, and after hearing the testimony in the case, find and certify that she died on the 7th day of October, 1854, at the house of her father, in Union street, in the City of Brooklyn, from hemorrhage of the lungs, the result either of unusual congestion of that organ, or of convulsions arising from a generally diseased condition of her system consequent upon an unusually protracted intermittent fever.

That the treatment of her disease by her physicians was homœopathic, and the remedies used were what are commonly known as high dilutions; but whether such remedies are efficient or not, the jury are unable to determine.

November 4, 1854.

JOHN N. TAYLOR,
E. L. TROWBRIDGE,
THOMAS D. MIDDLETON,
ALEX. M. GRAY,
ISAAC H. FROTHINGHAM,
M. F. HODGES.

The Coroner thanked the jury for their attention in this case, and for the courtesy extended towards him.

VERDICT IN THE MEDICAL INQUEST.

We print in another column the decision of the jury in the case of the child Lottimer, which Coroner Ball, of Brooklyn, who is also a physician, endeavored to convert into a means of injury, if not to a rival practitioner, at least to a system of medicine which differs from that which he himself adopts. As we have already laid the whole of the testimony before our readers, they can judge of the eminent propriety and good sense of the verdict.

The jury, after a protracted investigation, and with the evidence of a large number of highly respectable physicians, of both the allopathic and homœopathic schools before them, return the simple facts that the child died of hemorrhage of the lungs, consequent upon an unusually severe attack of intermittent fever, and that she had been treated homœopathically by high dilutions, but that they are unable to form any judgment as to the efficacy of the prescriptions. This is all they could say in the premises, and while their verdict acquits the attending physician of the blame which is imputed to him in the very nature of the inquiry, it operates also as a silent rebuke of the Coroner for the extraordinary course he has seen fit to pursue.

The duties of the Coroner, as well as jury, in the inquests to which their functions pertain, are clearly pointed out in the extract from the Revised Statutes given in the report of the proceedings in another column. Whenever the Coroner receives notice that any person has been slain, or has suddenly died, or been dangerously wounded, he is authorized to act. Coroner Ball, in his charge, brings this case under the head of "sudden death." But how was it sudden death? The child had been ill for some days, she was regularly attended by regular practitioners, and she was treated according to the best of their ability. Contrary, however, to their expectations, the disease gained the mastery of nature; but can that be called a sudden death in any just sense of the law? Does it not often happen, in the practice of the most skilful physicians of every school, that they are deceived in the appearances of the disease, and that the patient dies in spite of their prognostications and efforts? If Dr. Ball means to demand an inquest in all the instances of this kind which occur, he probably will have a Coroner sitting over his own overtasked body before the year is out.

Physicians are unquestionably amenable to the law for malpractice, or for grave neglect of duty; but for the theories of therapeutics which they adopt, especially if sanctioned by careful study and experience and the authority of thousands of other practitioners, embracing men of learning and distinction, they are not answerable. It is not the business of the Coroner, nor of the jury he may summon, to enter into an investigation of the merits of schools of medicine. They are empowered to find simply the facts of the case; how, when and where the person died, and the circumstances accompanying the death. But they are not empowered to undertake the decision of medical controversies, which perplex and baffle the most acute and accomplished men of science, who have made the subject a matter of conscientious study for years.

The verdict of the jury, in this case, is such an one as the law prescribes, and wisely avoids any expression of opinion as to the efficacy of the particular mode of treatment.

CORONER BALL'S CHARGE IN THE CASE OF AGNES LOTTIMER — LETTER FROM DR. DUNHAM.

To the Editor of the Evening Post :

A charge is a summary statement of the evidence on both sides, the object being to present the evidence clearly to the jury. The Coroner's charge in *this* case is a partial statement of the evidence on *one* side, as will be seen on reference to the testimony : 1. As to *mumps*, Mrs. Lottimer's testimony is referred to as conclusive, that she had *not* mumps. Now, Dr. Wells testified that she *had* an attack of the mumps *subsequent* to the dental abscess of 14th September—he pronounced this opinion before the child's death, at a time when he had no interest in making out such a case; and in a matter of medical diagnosis, since no other physician saw her, he is the *only competent witness*. But *his* testimony on the subject was ignored by the Coroner.

2. As to *intermittent fever*. The *post-mortem* condition of the lungs is described as the gradual result of repeated congestions, as shown by their "*partial crepitation*," &c. Drs. Parker, Gilman and Wood, who made the autopsy, say "*the lungs crepitated throughout*," and the "*congestion*" was "*all of it recent*." The case of Henry Lottimer is referred to, who is *said to have died* of intermittent fever. This is a statement made on the Coroner's own authority; no testimony to that effect was laid before the jury. As to the notes of the autopsy of Henry Lottimer, there is no evidence when, or under what circumstances they were made. At any rate, the appearances in the two cases and the phenomena of the deaths were not at all similar.

3. As to *treatment*. The outside limit to the duration of intermittent fever, under either treatment, is said to have been fixed by all the witnesses at three weeks. On the contrary, Dr. Watson said it sometimes continues for months. Drs. Dunham and Wells related cases in which it had lasted steady for months and years. Abundant testimony was offered that quinine often fails to cure, and is often very injurious, and several witnesses said it would have been very hazardous in this case—yet this is ignored, and Dr. Wells is pronounced *a priori* blameworthy for departing from the beaten track of treatment.

4. As to *consultations*. Dr. Wells is held up as rejecting solicitations to have additional advice. The concurrent testimony of *all* parties is to this effect: that the family were very anxious about the child, and desired Dr. Wells to feel at liberty to call in counsel if he wished it; and he saw no reason for wishing it.

This charge appeals to the public as well as to the jury, but it is the duty of the public as well as of the jury, to form their conclusions from the *testimony alone*, casting aside all prejudices, including that which seems manifest in the Coroner's charge.

CARROLL DUNHAM, M. D.

HOMŒOPATHIC TREATMENT OF CHOLERA IN LONDON.

When the cholera broke out so violently in the neighbourhood of Golden Square, the wards of the London Homœopathic Hospital were emptied of all the ordinary patients except one of typhus, which was too ill to be moved. The patient, then convalescent, took cholera and died in a few hours. Some 36 cases or upwards had been treated up to the 19th of September in the Hospital and its immediate vicinity, and the number of deaths has been 8. The Government Inspector has visited the Hospital three times, and expressed himself satisfied that the cases were genuine cholera of a very virulent character. Upwards of 1200 bottles of Camphor have been distributed amongst the poor, who flocked in crowds to the Hospital for it. Although it is impossible to ascertain the exact amount of benefit conferred, it is certain that in many instances the disease has been arrested in its incipient stage by the medicine given.

SKETCH OF THE LIFE OF THE LATE JOSIAH F. FLAGG, M. D.

MESSRS. EDITORS:

In February, 1854, the Massachusetts Homœopathic Medical Society appointed a committee to prepare for publication, in some one of our journals, a sketch of the life of our esteemed brother, the late Dr. Flagg. We have endeavored, to the best of our abilities, to discharge the duties devolving upon us, and though more time has elapsed than we intended, before the completion of the sketch, we hope that it is not yet too late to offer to the memory of one of the earliest and warmest friends of our cause in New England.

Respectfully yours,

J. C. NEILSON,

Chairman Committee.

The late Josiah F. Flagg, was born in Boston, January 11th, 1789. His father, Dr. Josiah Flagg, was for years a well known Dentist in that city.

Early in life the late Dr. F. was compelled to trust to his own exertions, and it was, no doubt, owing to the peculiar circumstances in which he was thus placed, that he developed that intense energy of character, for which he was ever remarkable. He received but an indifferent early education, but had so well improved the few advantages he did possess, as to be qualified to enter as a student of medicine, under the tuition of Dr. John C. Warren, in 1811.

At this time his prospects were anything but flattering. He had few friends, no pecuniary resources, and from various causes, his prospects were indeed gloomy; but he sustained himself under these trials with unflinching courage, and sought, by unwearied industry, to discharge with fidelity the heavy duties resting upon him.

During the period of his studying with Dr. W., he conceived and perfected improvements in many of the surgical instruments at that time in use. Among them were the celebrated Bone-Forceps, instruments which produced an entire revolution in the surgery of the bones.

In 1813, he undertook, in connection with Dr. Warren, the publication of a work on the arteries—the first of the kind ever issued; as the practice hitherto had been to describe the larger arteries with but little more minuteness than the smaller. The engravings in this work were executed by his own hand, and were so skilfully done as to elicit encomiums from the best judges. The work met with a rapid sale, and in a short time the edition was exhausted; and for some reason a second edition was never issued. It

is now rare, but for beauty and accuracy of design and finish, will compare favorably with the best works of the present day.

A few years afterwards he prepared for Dr. Warren, drawings for a publication called "Comparative Views of the Nervous System."* Of these drawings Dr. W. says: "The representations of the Leach, Centipede, Lobster, and Oyster, were beautifully and accurately done, and would, I believe, do credit to any artist of the present day; for these were executed between 30 and 40 years ago."†

Dr. F. graduated from the medical school of Harvard University, in 1815. Dr. W. speaking of him at this period, states that he was well educated as a surgeon, having devoted one year more than usual to his preparatory studies: "He was ardent, enthusiastic, and persevering, and exhibited at an early period great mechanical ingenuity and mental activity."

For sometime after graduating, Dr. F. practiced in Uxbridge, Mass. At that time the Petechiel or Spotted Fever,‡ was ravaging several parts of New England. Dr. F. was particularly successful in his treatment of it, and soon acquired an extensive practice for a young physician. He continued in general practice for some years, and finally, at the urgent request of numerous friends, removed to Boston, where he established himself as a Dentist, and for several years was almost the only one in the city; his

* Mass. Med. Soc. Reports, vol. iii. p. 307. † Letter to the writer from Dr. J. C. W.

‡ This singular disease was as sudden in its attack and almost as virulent as the cholera. The subjects of it were seized in the midst of their usual avocations, and oftentimes struck down as suddenly as if by a stroke of lightning. Intense pain of the head marked its onset, and it generally affected one side only; partial paralysis, loss of sensibility, and sight, numbness of skin, sensations as though the limbs were asleep, hemiplegia, delirium either mild or furious, and sometimes either stupor or coma, were among its common symptoms at its access. One very singular phenomena observed was, that often the weight of the disease fell on one side of the body, inasmuch that it affected not only the voluntary, but also the vascular system of the affected side.

Among the most striking of its occasional symptoms were: Universal deadly coldness skin white and smooth as marble; countenance perfectly placid; no distortion of the muscles; pulse at wrist imperceptible; motion of heart scarcely felt; respiration, gasping and infrequent. Toward the fatal close of the disease, the pulse became hurried and irregular; respiration laborious; solids flaccid, and petechial spots of a livid or violent color, suddenly appeared on the superior extremities, and spread rapidly over the whole body; death was preceded by coma.

The disease was generally fatal within the first 48 hours, sometimes as early as the 10th or 12th; rarely so after the 3d day.

Its force principally fell on the nervous or vascular systems, the vessels of the brain being always found gorged with blood and effusion of lymph between the membranes. The heart also exhibited more or less symptoms of disease and dark blood was usually found in both cavities. The lungs were not altered in their substance, but when they were empty the liver was large and turgid, and when they were full of blood the liver was empty and flaccid. The abdominal viscera were generally healthy,

cotemporaries, Drs. Greenwood and Randall, confining their attention to the mechanical department of the profession.

His reputation was such that his rooms was constantly crowded with patients, and he rapidly attained to eminence as one of the most scientific and skilful men in the profession—a reputation which he ever after retained.

Among his many useful inventions and improvements may be mentioned his Teeth Forceps, instruments which have attained a world-wide celebrity, and his improvements in Desault's apparatus for fracture of the thigh bone. This latter instrument was introduced by Dr. Warren into the Massachusetts General Hospital, and has been in use, in that and other similar institutions ever since, as the most perfect thing of its kind yet discovered. A full account of this apparatus, with observations on the treatment of fracture, &c., Dr. F. published in the *New England Medical Journal*, for 1821, Vol. X. p. 38.

Dr. F.'s artificial teeth were unrivalled, and in the mouth, could with difficulty be distinguished from natural ones. The time and labor he bestowed on this department was immense, and in conjunction with other gentlemen, he succeeded in bringing it almost to perfection. His fillings have never been surpassed. I have seen those that have stood the test of 20 and 30 years' wear, and at the present time the teeth are as perfect as when first filled.

In 1846 Dr. F. became involved in the somewhat famous ether controversy—taking an early and decided stand against the legality of patenting such a discovery, or that as a patent medicine it should be used by the professors of the medical school, in the Massachusetts General Hospital, thereby violating a bye-law of the M. M. S. For this course he was severely censured by some parties, but it was not long before the justness of his views was fully acknowledged, and subsequently Dr. C. T. Jackson gave the whole thing to the public.*

We come now to an event which more than any other endears his memory to us, and claims our special sympathies and regard—the period at which he became interested in Homœopathy.† In 1838-9 his attention was strongly drawn to the new doctrine—not by any series of hypothetical reasoning or philosophical speculation, for all his predilections and prejudices were against the teachings of Hahneman; but by facts and experiments, which in spite of these prejudices, convinced him that "*similia similibus curantur*," contained the long sought for solution of the therapeutical problem.

* For the details of this controversy see the *Boston Medical and Surg. Journal*, Nov. 18th, Dec. 2d, 9th, 16th, 23d, 30th, and the public prints of that time.

† Dr. F. was the first physician who publicly practiced homœopathy in Boston.

The more we consider Dr. F.'s position at this time, the higher must rise our admiration of his moral courage. He was not a young man, desirous of establishing himself in business and gain practice, by introducing some novel doctrine, neither was he an unknown stranger who had no established reputation to lose, but everything to gain. He was already in a position to be above suspicion of seeking pecuniary advantage; his fame was established, his practice immense, and his most particular friends were the leaders of the allopathic ranks. He had thus everything to lose and nothing to gain; but he sought truth, and becoming convinced that Hahnemann's tenets were the nearest to the desired point, did not hesitate in his choice, though it cost him the friendship of some of his oldest and best friends.

His method of proceeding in his enquiries, reflects the highest credit on his judgment, and his mode of investigation may serve as a lesson to those in the profession, who, after reading a few books and trying a few carelessly selected remedies and seeing no beneficial result—or at least, no striking effect—condemns the whole doctrine in the most dogmatic terms—assuring their brethren and the public, that they have examined the system thoroughly and found it wanting; apparently not aware that the 'want' is not in the system but in their mode of investigation. After spending some months in studying the principles of Homœopathy, he carefully collected the symptoms of a few cases and submitted them to the consideration of experienced Homœopathic practitioners in New York and Philadelphia, who were his personal friends and administered the remedies according to their directions. This course he pursued for sometime, not trusting to his own judgment in the selection of the medicines, and after watching their efforts in a large number of well marked cases, he became convinced that there was something more than "imagination" in the beneficial results that followed their exhibition. In the space of a few years, he collected the records of near 300 cases, mostly of chronic disease, which were treated by himself and the results of several were published in the periodicals of the day. His attention was confined almost exclusively to the treatment of chronic complaints—as he had not sufficient leisure for those of an acute nature, and the success that attended his treatment brought a large number of those suffering with long protracted disease to his door; but finding his own health failing from the pressure of business and close confinement, he was obliged, in a great measure, to decline the numerous applications made to him.

Dr. F.'s mode of examining disease and selecting the appropriate remedy, was in strict accordance with the Hahnemannian rule. He carefully isolated each individual case and never prescribed off hand, nor until he had examined and compared fully, the symptoms of the disease with those

of the remedy indicated—hence it was that his success in the treatment of chronic disease, seemed often little less than miraculous. The space will not permit, nor, indeed, would it be proper in this place to particularize; as in practice, the treatment of one individual case can furnish no positive indication for the treatment of another.

He believed in the necessity of repeating the medicine in certain cases—preferring to alter the dilution rather than the remedy, and in the alteration of remedies; a practice from which, as he has often assured me, he witnessed the happiest results. With regard to the attenuations, he generally preferred what is called the lower—from the 6th to the 30th, and he repeated the dose according to circumstances.

As the pioneer of homœopathy in Boston, Dr. F. claims especial notice; adopting its truth at a time when, even more than at present, it was misrepresented and ridiculed, he nobly and unflinchingly advocated its cause, and by his clear and forcible reasoning and appealing to incontrovertible facts, did much to introduce it to public favor.

It is difficult, or even impossible, in a limited sketch, to do justice to his private and moral worth. To a brilliant intellect he added the more ennobling virtues, philanthropy, true piety and purity of life. Kind and courteous to all, he was eminently a benevolent man; not of that class who do good for the praise of others, he ever labored in a quiet, private way, to benefit those who required and desired assistance, and many now prosperous in life, can look back with the most grateful emotions, to the time when poor and friendless, they found in the “Good Doctor” a friend ever ready to assist, with counsel and purse, their early struggles with the world. Having tasted the bitter cup of poverty and disappointment, and knowing by sad experience the trials of striving against hope, he could the more readily sympathize with those, who, placed in similar circumstances, needed some one to encourage and advise them. Although his kindness sometimes met with ungrateful returns he continued unwearied in good works, and never permitted anything to shake his confidence in, nor weaken his benevolent regard for his fellow man.

Of remarkably bland, gentlemanly address, and easy of access, he won the esteem of all who knew him. Accustomed to the free expression of his opinions, he rebuked presumption and imposture wherever he found it; and as he would never praise unless the object was really worthy, neither would he suffer any personal considerations to affect his estimate of moral or professional worth.

His last illness was but the crisis of a chronic disease. For a long time he had suffered from that terror of professional men—dyspepsia; and within the last few years of his life, each season found him more feeble than the preceding. Originally of a delicate constitution, the close confine-

ment and laborious duties of his profession increased the tendencies to gastric difficulties every year, until at length, after suffering most intensely from a superadded neuralgic affection of the stomach, for some months, and which finally increased to such a degree that not even the lightest nourishment could be borne, accompanied by extreme emaciation of body and depression of mind, his strength yielded and he "became immortal"—departing this life December 20th, 1853.

MESSRS EDITORS :

I have just seen No. III., of the *Homœopathic News*, a publication that looks more like an advertising sheet than a scientific journal, in which the following allusion is made to Dr. Hempel's *Organon*, over the signature of A. L., meaning probably A. Lippe, one of the editors of this sheet :

"In Nos. 15—18 of the *Leitschrift für hom Flinick*, Hempel's *Organon* is criticised by an American correspondent, who had the patience to read the whole of it, and clearly demonstrates that the attempt to upset Hahnemann's dogma, 'is a failure.' It is well written, and may secure to at cheap translation a large market in Germany as a most curious specimen of an excrescence in Medical literature." From a perusal of the review furnished by the American correspondent, I have satisfied myself that he has done gross injustice to Dr. Hempel, and that he has proved himself unfit for the task of criticising the *Organon of Specific Homœopathy*. How any man endowed with a fair share of common sense, can accuse Dr. Hempel of an attempt to upset Hahneman's dogma, "*Similia similibus*," is a mystery to me. All that Dr. Hempel has endeavored, and most successfully endeavored, to accomplish, is to vindicate the scientific character of this scientific formula, by showing that its true and full application embraces states and not mere symptoms,—a pathogenetic to a pathological state. It is evident that two such states may correspond with each other perfectly, without a perfect resemblance of their respective external symptoms. If I understand Dr. Hempels mode of reasoning rightly, it is this? It being admitted that no drug can be a true, or, in Hahneman's sense, a specific remedial agent unless the internal action of the drug corresponds with the internal nature of the disease; the only method which we now possess, of finding out between what diseases and drugs such correspondence respectively exists, is the proving of the latter upon the healthy. But it must be evident to the commonest understanding that this proving cannot imply an exact reproduction of all the phenomena of disease, and that the proving might even be dispensed with, if some kind of revelation or intuitive perception could lead us to a

knowledge of the specific sphere of action of a drug as such, and of its specific curative relations to particular states of disease. I trust that Dr. Hempel will act upon Dr. Lippe's suggestion of furnishing a translation of his *Organon* to German readers; I have no doubt that this truly philosophical work will be eminently appreciated by all the friends of scientific homœopathy in Germany, and that the sneers of the individual who edits the *News*, will only redound to Dr. Hempel's praise, and to the great benefit of the art of which he has been one of the most persevering and distinguished champions.

* * *

EDITORIAL.

ETHEREAL INHALATION.

In the last number of the *Journal* we gave to our readers, under the above title, this interesting essay, by our late esteemed coadjutor, Dr. Caleb Bentley Matthews. Written at an early period of his medical career, before the light of the homœopathic law had dawned upon his vision, and at an early period in the history of the knowledge of the influence of gaseous and ethereal compounds, it is an article full of suggestive thoughts, showing that the mind of its author was, even at that early day, superior to the trammels of a false philosophy, and open to the reception of truths, which the science of remedial action, as it is being taught by Homœopathy, is alone capable of unfolding.

It is a narrow and contracted view of the Homœopathic law, which leads us to suppose that Homœopathy consists only in the administration of little globules of sugar, saturated with medicines in infinitesimal dilutions. Homœopathy *may be* broad as nature, and extensive as creation. It is, no doubt, co-extensive with the use of all remedial agents, and with every possible form of administration. The crude drug in appreciable and active doses, no less than the most highly dynamitized and attenuated medicines, are instruments in the hands of the scientific and skilful homœopathist, for the prolongation of life, or the restoration of health. All the objects in nature, and all the forms of inferior existence, are subservient to man, and may be legitimately employed to alleviate human suffering. All the elements of nature, and in all possible forms of attenuation and combination, may be susceptible of becoming remedial agents, whenever their specific laws of adaptation shall be pointed out.

The influence of gaseous and other inhalable substances upon the human

organism, have as yet, but to a very limited extent, been made the subject of scientific investigation by Homœopathic physicians, and the curative action of such agents is but imperfectly understood, and but little regarded. How much might be done by surrounding a patient with an atmosphere homœopathically adapted to his restoration, is a problem, which neither homœopathy nor allopathy have yet been able, satisfactorily, to solve. It is, no doubt, in accordance with the laws of nature, the true basis of all homœopathic investigations, that the administration of medicines should be through the mouth, the tongue, and the stomach, and yet it is in accordance both with reason and experience to believe, that there are various other modes of administration, by which a medicinal action may be induced in the organism, and the medicinal properties of any substance be brought to act in the restoration of health.

This subject is yet to receive the attention its importance demands. A new race of homœopaths are yet to arise, who shall render themselves as distinguished by new researches in medical science, as the founder and pioneers of homœopathy have been distinguished for the truths which their wisdom and sagacity have enabled them to discover. Homœopathy has opened many new and untried paths, in which patient labor and research may reap rich rewards, and gather the highest laurels. We have not confidence enough in homœopathy. We do not see in it an element of truth, which, like the little horn in Daniel's vision, is to push this way and to push that way, until the whole world, not only of medical practice, but of medical science, is subjected to its sway. Our way is yet "*in the deep*," and we have not come forth into the broad light which science and philosophy are opening to our view.

It was for such men as Caleb Bentley Matthews to see glimmerings of that light in the distance, and to appreciate beforehand, what subsequent investigators will be enabled to discover and to unfold. It was for him, and for men like him, to perceive the possibility that other organs than the stomach could be made, for a brief period, to subserve its most important uses, and that gaseous and ethereal substances could be made to supply the place of more solid material in the restoration and revivification, as well as in the growth and development of the body. The labor of perfecting these theories, *the opus demonstrandi*, is left for other minds. What appeared to him possible is yet to be rendered certain, and is to be discovered and elucidated only under the homœopathic law, at least so far as remedial agents are concerned. Hahnemann himself recommends inhalation as a means of inciting remedial action, and appears, in numerous instances, to have resorted to it in his practice; and many homœopathic practitioners are accustomed, to a greater or less extent, to this form of

administration. But, in general, practice of this nature is empirical. There is no guide from experience, and no elucidation of our law of cure.

What we have written is only designed to invite the attention of our readers to its investigation, trusting that other minds will be induced to do better justice to a subject, in regard to which we have only presented a few crude and ill-digested thoughts.

INTERMITTENT FEVERS.

IN No. 2 of the Homœopathic Medical News, was a communication signed A. L., asking of us for a statement of the symptoms that plainly indicated the use of Arsenicum, China and Nux Vomica, stated to have cured intermittent attacks as noted in No. 6 of Philadelphia Journal. We presume A. L. meant Arnica instead of Arsenicum, as the latter remedy was not mentioned in the paragraph to which he alludes. In the homœopathic school, we have a *Materia Medica*, which, though in some respects imperfect, furnishes us with a reliable pathogenesis of many remedies. And our *law of cure* teaches that a medicine will cure when its pathogenesis corresponds with the symptoms of the disease, and what we intended to convey by the remark *plainly indicated*, was that certain attacks of intermittent fevers had been characterized by such symptoms as are found in the pathogenesis of Arnica, and that Arnica had been successfully employed as a remedy; and the same of China and Nux Vomica, but in reviewing our diary we will state—That *Arnica* cured a case of tertian intermittent in a boy eleven years old, where the paroxysms were characterized by general chilliness, followed by general heat, the chill rather predominating. General soreness of the flesh, and sensation of extreme fatigue in the lower extremities. Another case of a little girl eight years old, the cold stage was characterized by a rapid succession of chills, then followed by heat, and pain in the back as if bruised. Paroxysms in both instances occurring in the early part of the day. We found one case of tertian, that was signalized by sweat, in the commencement of the paroxysm, then chills, followed by sweat, and then heat; which seemed to yield in less than a week to the use of *Nux vom.* *Nux v.* also cured a case where there was no chill, but merely sweat that preceded the fever, which manifest itself in daily paroxysm, attended with severe pain in the back, in the region of the kidneys, and aching in the limbs as long as the fever continued. In several cases where there was intense thirst before the chill, and during the chill, which was followed by burning fever and exhausting sweat, China seemed to do well. *Hepar* appeared to cure a case of tertian in a gentleman aged forty years,

where there was a cold moisture upon the skin preceding the chill, which in turn was followed by only a moderate degree of fever, and intensely exhausting sweat. *Phosphorus* seemed to be a salutary remedy when there was considerable sweat about the head, and great thirst during the heat, and a ravenous hunger, as well as a coated tongue, and sometimes colic during the paroxysm. In one case of a female aged *thirty-three*, who had intense pain in the head, and betrayed great nervous irritability and constipation of the bowels, *Belladonna* seemed to be the remedy, and only three paroxysms occurred after a resort to this remedy, the second lighter than the first, the third lighter than the second. We had quite a number of cases of this disease, and although we had some more protracted than others; yet we are persuaded that rigid Homœopathic treatment is the best, and in most instances a single well affiliated remedy persevered in, is better than a resort to frequent changes. We had several cases of only one well defined paroxysm, and some of two, the second less severe than the first. Some had three or four, and only one case that continued longer than three weeks, and this terminated in recovery the twenty-seventh day.

HEMPEL'S ORGANON.

WHEN this book was first issued from the press, we noticed it in the journal, and although our remarks were conceived in the spirit of friendship, we did not prize the work as an embodiment of a new philosophy, having any decided advantages over what we had been cherishing since our first enlistment in the homœopathic cause. We have given place to a letter from a gentleman who, it will be perceived, has not only read the work in "*good earnest*," but thinks he sees in it the elements of a valuable philosophy, and is surprised that its opponents are so prone to invent falsehoods concerning it. It is better to represent all works truly, and to criticise them under the influence of a love for the truth, and entirely free from prejudice, either for or against, and as we have admitted considerable in defence of views adverse to Hempel's claim, we cheerfully give place to the letter referred to.

HEALTH OF PHILADELPHIA.

THE health of Philadelphia, was never better, perhaps, than during the last two months. The number of deaths per week, being as low as 127. This, in a city numbering more than half a million, speaks well for its location,

and hygienic influences. Influenza has prevailed to some extent, though by no means so severe in its character as heretofore. Several cases of bilious and typhoid fevers have been met with, but as yet, we have seemingly been exempt from anything like alarming epidemic diseases.

MEDICAL STUDENTS.

THE number of medicinal students in Philadelphia at this time, may be computed at about 1200, viz : University of Pennsylvania, 350 ; Jefferson College, 500 ; Pennsylvania College, 120 ; Homœopathic Medical College, 80 ; the Philadelphia, Penn Medical University, and Female College, have, in the aggregate, about 150.

HOMŒOPATHIC MEDICAL COLLEGE OF PENNSYLVANIA.

At the last monthly meeting of the Board of Managers of the Homœopathic Medical College of Pennsylvania, held, December 7, 1853, the resignation of Prof. Frederic Humphreys, who had been the incumbent of the chair of Homœopathic Institutes, Pathology and the Practice of Medicine, since the commencement of the session of 1853 and 1854, was accepted, takes effect immediately, and the board proceeded to fill the vacancy by the election of Doctor. Alvan E. Small to the chair. The chair of Physiology and Medical Jurisprudence, which had been represented by Doctor Small for the last five years, was abolished, and Medical Jurisprudence was connected with the chair of Obstetrics ; and Physiology with that of Anatomy, so that the faculty of the College hereafter will be as follows :—

WALTER WILLIAMSON, *M. D., Prof. of Materia Medica and Therapeutics,*
ALVAN E. SMALL, *M. D., Prof. of Homœopathic Institutes, Pathology and Practice of Medicine.*

I. M. WARD, *M. D., Prof. of Obstetrics, Diseases of Women and Children, and Medical Jurisprudence.*

MATTHEW SEMPLE, *M. D., Prof. of Chemistry and Toxicology,*

JACOB BEAKLEY, *M. D., Prof. of Surgery,*

WM. A. GARDINER, *M. D., Professor of Anatomy and Physiology.*

With the present organization the course of instructions as contemplated in the announcement of the College will proceed without interruption, and every possible advantage will be afforded to students for the acquirement of a thorough medical education.

HOMŒOPATHIC BOOKS

Published by Rademacher & Sheek, 239 Arch St., Philadelphia.

The Homœopathic Materia Medica, arranged Systematically and Practically by A. Teste, M. D. Translated from the French, by Charles J. Hempel, M.D. (634 octavo pages.) 1854. Bound \$2 50.

The Homœopathic Guide, in all Diseases of the Urinary and Sexual Organs, including the Derangements caused by Onanism and Sexual Excesses; with a strict regard to the present demands of medical science, and accompanied by an appendix on the use of Electro-Magnetism in the treatment of these diseases. By Wm. Gollmann, M. D. Translated, with additions, by Charles J. Hempel, M. D. (309 octavo pages.) 1854. Bound \$1 50.

Organon of Specific Homœopathy; or, an Inductive Exposition of the Principles of the Homœopathic Healing Art, addressed to Physicians and intelligent Laymen. By Charles J. Hempel, M. D. (216 octavo pages.) 1854. Bound \$1 00.

Lauric, Dr. J., Elements of Homœopathic Practice of Physic. Second American edition, enlarged and improved, by A. Gerald Hull, M.D., and an Appendix on Intermittent Fever, by J. S. Douglas, A. M., M. D. 1853. 939 8vo. pages. Bound, \$3 00.

The Philadelphia Journal of Homœopathy. Edited by William A. Gardiner, M.D., Professor of Anatomy in the Homœopathic Medical College of Pennsylvania, and Alvan E. Small, A.M., M.D., Professor of Physiology and Medical Jurisprudence in the Homœopathic Medical College of Pennsylvania; assisted by the following contributors: Drs. B. F. Joslin, A. H. Okie, J. P. Dake, P. P. Wells, J. H. Henry, J. Beakley, W. E. Payne, C. Dunham, James Kitchen, W. S. Helmuth, S. R. Dubs, G. Leingen. Published Monthly by Rademacher & Sheek, 239 Arch st., Phila. Price per volume of 12 monthly numbers, free of postage, \$3 00.

☞ The third volume of the Philadelphia Journal, commenced in April, 1854. The first two volumes can be furnished at \$4 in numbers, or bound, at \$5. On the 1st of March, 1855, at which time three volumes will be complete, they will be furnished to new subscribers, handsomely bound, at \$8 00.

Materia Medica of American Provings. By C. Hering, M. D., J. Jeanes, M. D., C. B. Matthews, M. D., W. Williamson, M. D., C. Neidhard, M.D., S. R. Dubs, M. D., C. Bute, M. D. Containing the Provings of: Acidum benzoicum, Acidum fluoricum, Acidum oxalicum, Elaterium, Eupatorium perfoliatum, Kalmia latifolia, Lobelia inflata, Lobelia cardinalis, Podophyllum peltatum, Sanguinaria canadensis and Triosteum perfoliatum. Collected and arranged by the American Institute of Homœopathy. With a Repertory by W. P. Esrey, M. D. Second Thousand. (300 pages.) 1853. Bound, \$1.

The Homœopathic Treatment of Indigestion, Constipation, and Hæmorrhoids, by William Morgan, Member of the Royal College of Surgeons of England. Edited with notes and annotations, by A. E. Small, M.D., Professor of Physiology and Medical Jurisprudence in the Homœopathic Medical College of Pennsylvania, and one of the Consulting Physicians of the Homœopathic Hospital in Philadelphia. (166 pages.) 1854. Bound 75 cents.

The Homœopathic Treatment of Acute and Chronic Diseases, by Emilius Kreussler, M. D. Translated from the German, with important Additions and Revisions, by Charles J. Hempel, M.D. (190 pages.) 1854. Bound 75 cents.

The Sides of the Body and Drug Affinities. Homœopathic Exercises by C. von Boëninghausen, M.D. Translated and edited by Charles J. Hempel, M.D. 1854. Paper cover, 25 cents.

Homœopathic Books Published by RADEMACHER & SHEEK.

Manual of Homœopathic Practice, for the use of Families and private individuals. By A. E. Small, A. M., M. D., Professor of Physiology and Medical Jurisprudence in the Homœopathic Medical College of Pennsylvania, etc. (835 pages.) 1854. Bound \$2 00.

Hering, Dr. C., Domestic Physician, revised with additions from the author's manuscript of the *Seventh German Edition*. Containing also a Tabular Index of the medicines and the diseases in which they are used. *Fifth American Edition*. (509 pages.) 1851. Bound, \$2 00.

☞ *Dr. C. Hering's Domestic Physician* is also to be had of the subscribers in *German* (eighth edition,) *French* (second edition,) and *Spanish*.

Caspari's Homœopathic Domestic Physician, edited by F. Hartmann, M. D., "Author of the Acute and Chronic Diseases." Translated from the eighth German edition, and enriched by a Treatise on Anatomy and Physiology, embellished with 30 illustrations by W. P. Esrey, M. D. With additions and a preface by C. Hering, M. D. Containing also a chapter on Mesmerism and Magnetism; directions for patients living some distance from a homœopathic physician, to describe their symptoms; a Tabular Index of the medicines and the diseases in which they are used; and a Sketch of the Biography of Dr. Samuel Hahnemann, the Founder of Homœopathy. (475 pages.) 1851. Bound, \$1 00.

Diseases of Females and Children and their Homœopathic Treatment, by Walter Williamson, M. D., Professor of Materia Medica and Therapeutics in the Homœopathic Medical College of Pennsylvania. Second improved and enlarged edition. Containing also a full description of the dose of each medicine. (Over 250 pages.) 1854. Bound 75 cents.

The Parent's Guide. Containing the Diseases of Infancy and Childhood and their Homœopathic Treatment. To which is added a Treatise on the Method of rearing Children from their earliest Infancy; comprising the essential branches of Moral and Physical Education. By J. Laurie, M. D. Edited, with Additions, by Walter Williamson, M. D., Professor of Materia Medica and Therapeutics in the Homœopathic Medical College of Pennsylvania. (460 pages.) 1854. Bound \$1 00.

Homœopathic Treatment of Diseases of the Sexual System, being a complete Repertory of all the symptoms occurring in the Sexual System of the male and female. Adapted to the use of Physicians and Laymen. Translated, arranged and edited, with additions and Improvements, by F. Humphreys, M. D., Professor of Homœopathic Institutes, Pathology and the Practice of medicine in the Homœopathic Medical College of Pennsylvania. Second Thousand. (144 pages.) Bound 50 cents.

The Hand-Book to Veterinary Homœopathy, or the Homœopathic Treatment of Horses, Cattle, Sheep, Dogs, and Swine, by John Rush, Veterinary Surgeon. From the London edition. With numerous additions from the Seventh German edition of Dr. F. E. Guenther's Homœopathic Veterinary, translated by Jacob F. Sheek, M. D. (150 pages.) 1854. Bound 50 cents.

Dry Cough, or Tussis Sicca. By Elijah U. Jones, M. D. (16 pages.) 6½ cents.

A Treatise on Anatomy and Physiology, by W. P. Esrey, M. D. With 30 Illustrations. (195 pages.) 1851. Bound 50 cents.

JUST PUBLISHED.

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PHILADELPHIA JOURNAL OF HOMŒOPATHY.

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ORIGINAL COMMUNICATIONS.

DISEASES OF THE NERVOUS SYSTEM.

BY A. E. SMALL, M. D.

(CONTINUED FROM PAGE 523.)

MORBID FORMATIONS IN THE NERVOUS CENTRES.

ALTHOUGH morbid formations may and do take place in the nervous centres, we have no symptoms demonstrative of their presence, except such as may denote other diseased conditions. It is, nevertheless, a fact, that *adipous, fibrous*, and osseous formations do occur in the nervous centres.

Tubercular, scirrhus, and encephaloid transformations, have been known to exist, but the symptoms produced by them, are at best equivocal, and can afford no certain indication to distinguish them from other chronic lesions of the nervous centres. Paralysis, convulsions, or meningeal inflammation may result from some of these transformations, and the same may arise from other causes, and as the treatment in both cases would be in accordance with symptoms, but little practical importance is attached to a mere pathological view of the matter.

TUBERCLES may be indicated by impairment of sensation and motion, but as this may arise from other causes, it cannot be regarded as pathognomonic.

Scirrhus and encephaloid productions, less common than tubercles, can only be suspected as to their existence during life, although their size may vary somewhat, as well as the position they may occupy in the nervous centres.

Calculi, or calculous secretions, have been found in the nervous centres, the greater proportion in the cerebral hemispheres, and yet no symptoms have been manifest during life, that could determine their existence. Therefore, in the treatment of unknown difficulties, the symptoms alone must be the guide. When certain symptoms indicate unerringly, certain lesions, both the lesions and the symptoms connected with them may be taken into account in the treatment; but when symptoms simply indicate a difficulty in determinate, they may as accurately point out the true remedial agents to be employed, as if the nature of the precise formations corresponding with the symptoms were known. Other formations than those which we have named, have been found on dissection, in the nervous centres; facts elicited from post-mortem examinations, seldom afford any other satisfaction than a knowledge of what had been in connection with the symptoms previous to death. When we note a symptom we unavoidably connect it with a cause, and although post-mortem appearance may not be so available in a practical point of view as ante-mortem appearance or symptoms, yet there often results a satisfactory solution of fatal difficulties, by a resort to autopsy, that would otherwise inflict upon the mind, wearisome states of suspense, as well as fruitless conjecture.

DISEASES SUPPOSED TO HAVE THEIR SEAT IN THE NERVOUS SYSTEM.

We have been considering diseases of the nervous system thus far, of an organic character, which generally produce lesions discoverable on dissection; and we have yet to consider many important affections, which unquestionably, are the result of an irritation of the nervous centres, although no lesions are found to confirm the fact. These affections are manifest in disordered sensation, volition, and mental manifestation. The term *neuroses* has generally been applied to denote affections of this character.

AUGMENTATION OF SENSIBILITY.

It sometimes happens that one or more of the special senses becomes so quickened as to take cognisance of impressions that would otherwise be unobserved. All the senses are subject to this kind of exaltation. As for instance, in the example of the sense of sight, the patient may be unable to discern objects distinctly in the

light of day, but as twilight and even the darkness of the evening approaches, objects can be readily discerned. This difficulty may be caused by remaining a long time in a dark place, as in mines. The sense of hearing may be so much exalted as to render the patient unable to bear the least noise. Both exaltation of the sight and hearing, generally accompanies encephalitis and various cerebral diseases.

The sense of smell, from some morbid action, may become exalted in the most remarkable manner. The degree of exaltation has been such as to enable the subjects in some cases, to readily distinguish persons in the dark. Cloquet relates a remarkable exaltation of this sense in one suffering from fever, who was unable to tolerate the disagreeable and overwhelming odour of copper, which was found to have been exhaled from a pin which had accidentally dropped in his bed. In cases of decided and strange antipathies to certain animals, the sense of smell has been so augmented, as to detect their presence when unobserved by others.

The sense of taste also, by certain kinds of diseased action, becomes immeasurably exalted, though seldom in comparison with the other senses.

The sense of touch also becomes very much exalted, sometimes, however, confined to a single part, at others, it extends entirely over the cutaneous surface (*hyperaphia*), and is so excessive, that the individual is unable to bear the slightest pressure. This diseased condition is frequently met with in persons suffering from neuralgia, and frequently it may be regarded one of the most prominent symptoms of that affection.

Supersensitiveness of touch may in some instances be regarded as a premonitory indication of encephalic disturbance, more frequently manifest in persons of extreme impressibility.

Instances are sometimes met with, where individuals are so highly impressible, as to be disturbed by the slightest impression made upon any of the senses. Such persons are usually termed "nervous," and are found among the subjects of the mesmerist.

That there are various degrees of impressibleness is evident from the fact that some persons are more sensitive than others. Some will faint when any unusual impression is made upon the senses, others will perceive on the account of an exaltation of common sensibility, the minutest changes in the atmosphere, so as to be disagreeably

affected. Some persons suffer almost intolerably from slight ailments, that would hardly be noticed by others.

CAUSES.—Excessive impressibility of the nervous system may result from various causes. Long-continued mental exertions may give rise to it, or any other circumstance calculated to exhaust the nervous system. Such as want of sleep, great fatigue, or excessive evacuations of any kind, and abstinence from excitants and stimulants to which the system has been habituated.

TREATMENT.—Where extreme irritability or impressibility appears to be connected with an apparent cause, this, of course, will have to be removed, in order to ensure a cessation of the effect. The Hygienic treatment to be observed, when the patient's strength will admit of it, is exercise and travelling in the open air,—and also by moral discipline of the mind,—a wholesome nutritious diet, and frequent change of scene.

The remedies employed in the homœopathic treatment, are *Aconite*, *Belladonna*, *Bryonia*, *Calc.*, *Conium*, *Hepar sulph.*, *Drosera*, *Hyoseyamus*, *Lycopodium*, *Nux v.*, *Opium*, *Pulsatilla*, *Sepia*, *Sulphur*.

In *Nyctatopia*, where the patient is unable to see by day, but readily distinguishes objects by night, *Aconite*, *Belladonna*, *Conium* and *Hyoseyamus* are remedies that may be consulted.

In *hyperacusis*, or morbid exaltation of the sense of hearing, so that slight noises become almost unbearable, *Aconite*, *Belladonna*, *Cham.*, *Coffea*, *Lycopodium*, and *Nux vom.*, may be consulted.

In *Hyperosmia*, or morbid augmentation of the sense of smell, *Barytes carb.*, *Belladonna*, *Hepar sulph.*, *Lycopodium* and *Sulphur*, may be found useful in removing the difficulty.

In *hypergeusia*, or morbid sensibility of the organ of taste, *Calcarea*, *Lachesis*, *Carbo veg.*

In *hyperaphia*, or excessive acuteness of the touch in general, or in other words, extreme impressibility, *Nux vom.*, *Opium*, *Pulsatilla*, *Sepia* and *Sulphur*.

In persons of lymphatic temperaments, highly susceptible to cold or depression of spirits in cloudy or damp weather, *Pulsatilla*. Great sensitiveness to pain may be overcome by *Mercurius*. Or if mercurial drugs have been the cause, *Sulphur* and *Hepar Sulphur*. may be employed. The solution of the remedy will in most cases depend upon the general condition of the system, and the nature of the disturbance that has given rise to the difficulty.

DIMINUTION, OR DEPRIVATION OF SENSIBILITY.

Anæsthesia, or loss of general sensibility, is a condition of the system that may be induced by some morbid condition of the nervous centres; sometimes it is only partial, at others it is complete. At times, only one side is affected in this way, while the other appears to be in a state of hyperæsthesia. When there is complete loss of sensibility, the contact of boiling water or hot sealing wax will produce no pain.

CAUSES.—Tumors pressing upon the nerves; interfering with their continuity; poison of lead, and other obscure causes may give rise to the lesion.

TREATMENT.—The principal remedies employed in the treatment of this difficulty, are *Acon.*, *Arnica*, *Nux vom.*, *Pulsatilla*, *Calcarea* and *Sulphur*.

When there is acceleration of the circulation; febrile heat; dry tongue and thirst, attending the diminution or loss of sensibility in a part, *Aconite* may prove effectual in removing the difficulty.

When sensation of a part has been impaired by a blow or concussion or some mechanical injury, *Arnica* may be employed.

When loss of sensibility supervenes upon rush of blood to the head in plethoric persons, *Aconite*. If in females, it occurs at or near the menstrual period, *Pulsatilla*. If the loss of sensibility be realized in one arm, while at the same time there is an augmentation of sensibility in the other, *Aconite* and *Nux vomica*, or perhaps *Calcarea* and *Nux vom.* may be employed in alternation at intervals of six or twelve hours.

When there is total loss of sensibility in the lower extremities, *Sulphur*, and perhaps *Conium*.

In case of the difficulty being produced by the poison of lead, *Sulphur*, *Hepar sulp.*, *Nux vom.*, and other remedies may be employed, while at the same time, the patient should quit his occupation in lead and allow sufficient time for his system to recover from its effects.

In nearly all cases of loss of sensibility, whether confined to a part or the whole surface, external friction may be demanded, douches of warm or tepid water, and sometimes of cold water. And also electricity may be successfully employed in cases of the kind.

PERVERTED SENSIBILITY.

All the senses are subject to varied disturbances that arise from obscure causes. Only one of the special senses may be involved at a time, and this to a degree that amounts to an entire perversion of its normal use.

Paraphia, or perversion of the sense of touch, may be so manifest as to convey constantly, erroneous impressions in regard to shape, size, consistence, weight and temperature of bodies.

Parageusia, or perversion of the sense of taste, may be so apparent as to allow of the most disgusting objects to be taken as food with the highest relish. This condition is sometimes attendant on pregnancy, and also in chlorotic patients, who sometimes fancy slate pencils, charcoal, pipe clay, ashes, &c., in preference to articles that are eatable and relished in health. To change this condition, *Antimonium crud.*, *Bryonia*, *Cocculus*, *Ipecac.*, *Nux vom.*, *Oleander*, *Petroleum* and *Pulsatilla*, may be consulted.

Parosmia, or perversion of the sense of smell, may be such as to render what is disagreeable in health, perfectly agreeable; sometimes the olfactory nerve is so affected as to produce illusory smell, that may be obviated by appropriate remedies: as for instance, when there is illusory smell of brandy, *Aurum* is the remedy. When as of something burnt, *Anacardium*, *Aurum*, *Graphites*, *Nux vom.* When produced by catarrh, *Pulsatilla*, *Sulphur*. When of cheese, *Nux vom.* Of coffee, *Pulsatilla*. Of lime or chalk, *Calcarea*, *Magnesia carb.* When disgusting, *Cantharides*. As of spoiled eggs, *Calcarea*, *Magnetus Polus Anticus*. When depraved, so as to render assafoetida agreeable, *Aurum*, *Bell.*, *Phos*. When illusory of gunpowder, *Calc.* Of herring, *Agnus castus*, *Bell.* Of burnt horn, *Pulsatilla*. Of manure, *Anacardium*, *Calcarea*, *Veratrum*. Of musk, *Agnus castus*. Of pitch, *Arsenicum*, *Conium*. Of pus, *Senega*. When putrid, *Aurum*, *Bell.* Of smoke, *Sulphur*, &c., &c.

Paracusis, or perversion of the sense of hearing, presents itself in various forms, but mainly connected with diseased conditions. When there is a sensation of hissing, *Graphites*, *Kreosotum*. Of humming, *Ammonium carb.*, *Belladonna*. Of reports, *Graphites*, *Kali carb.*, *Staphysagria*. Of ringing, *Ambr.*, *Calc.*, *Con.* Of roaring, *Aconite*, *Aurum*, *Barytes*, *Belladonna*, *China*, *Crocus*. Of thundering, *Graphites*, *Platina*. When any of these symptoms

are prominently attendant upon diseased conditions of the system, they may be taken into account in directing the remedy to be employed.

Paropsis, or perverted vision, may be so marked as to produce many strange anomalies, as *Diplopia*, or double vision; *Hemiopia*, or seeing one-half of objects; and *Pseudoblepsia*, or seeing objects that have no existence. Many of these are symptomatic of various diseases of the nervous system, and may be made to disappear by the treatment of these diseases, in accordance with the totality of the symptoms. For double sightedness, *Bell.* and *Cicuta*. For *Hemiopia*, *Bell.*, *Hyoscyamus*, *Mercurius*, *Stramonium* and *Veratrum*. For *Pseudoblepsia*, *Calc.*, *Drosera*, *Ignatia*, *Mercurius*, *Natrum mur.*, *Lycop.* For feeble sight, *Anacardium*, *China*, *Cin.* For short sightedness, *Conium*, *Lycopodium*, *Nitric acid*. For far sightedness, *Con.*, *Hyoscyamus*. For other particulars, different remedies are applicable.

HEADACHE.

Headache may be general or confined to a single part of the head, and not unfrequently arises from varied disordered conditions. There are indeed so many varieties of the disorder arising from such a multiplicity of causes, and symptomatic of many different morbid conditions, that a perfect knowledge of the pathological condition of the system attending it, is impossible; and therefore the only guide in treatment must be the symptoms. We may, however, derive much aid in the treatment, when either the remote or proximate cause is apparent.

CAUSES.—As before remarked, the causes are various. Headache may be an attendant on febrile diseases; it may result from debauch, fatigue, nervous excitability, constitutional infirmity, indigestion, improper or unsuitable articles of diet and almost any other disturbing agency.

TREATMENT.—The principal remedies employed in the treatment of the different varieties of the disorder, are *Aconite*, *Arnica*, *Arsenicum*, *Belladonna*, *Bryonia*, *Chamomilla*, *China*, *Coffea*, *Digitalis*, *Dulcamara*, *Ferrum*, *Graphites*, *Hyoscyamus*, *Kreosotum*, *Lachesis*, *Mercurius*, *Nux vom.*, *Natrum mur.*, *Opium*, *Pulsatilla*, *Rhus tox.*, *Sepia*, *Sulphur*, *Veratrum*, *Zincum*, &c., &c. An analysis of the remedies to meet the various symptoms and conditions, requires minute observation.

When headache arises from taking cold, *Aconite*, *Bell.*, *Nux vomica*, especially if there is fever, pain in the back and limbs.

Headache in the afternoon, *Bell.*, *Lycopodium*.

Headache in the cold air, *Coffea*, *Ferrum*; in the open air, *Calc.*, *Caus.*, *Chin.*; in warm air, *Iodium*.

When there is a sensation as if the head would split, *Aconite*; when arising from a fit of anger, *Nux vom.*, or with getting angry, *Dulcamara*; when attended with apprehension, *Fluoric acid*.

Headache arising from disorder of the bowels, *Graphites*, *Plumbum*.

“ ascending from the nape of the neck, *Sanguinaria*.

“ relieved by falling asleep, *Anacardium*.

“ extending down the back, *Natrum mur.*, *Phos.*, *Puls*.

“ with backache, *Sabina*, *Veratrum*.

“ as if the brain were pressed together, *Arnica*.

“ as from a band around the head, *Merc.*, *Stann*.

“ in arthritic persons, *Bell.*, *Colocynth*, *Nux vom.*

“ from bending forward, *Spigelia*, *Staphysagria*.

“ with bloated feeling, *Bell*.

“ arising from loss of blood, *Chin.*, *Cocculus*.

“ in the bones of the head, *Aurum*, *Mercurius*, *Sulphur*.

“ with desire to bury the head in the pillow, *Bell.*, *Hyos*.

“ arising from debauch, *China*, *Nux vom.*, *Lachesis*.

“ caused by chagrin, *Bryon.*, *Cham.*, *Ignatia*.

“ with sensation of burning, *Mercurius*.

“ with chilliness, *Lachesis*, *Nitric acid*.

“ during paroxysms of coughing, *Nux vom*.

“ continuing day and night, *Rhus tox*.

“ from drinking coffee, *Cham.*, *Ignat.*, *Nux vom*.

“ as if it would fly to pieces, *Bell.*, *Bry.*, *Merc.*, *Sil.*, *Sulp*.

“ from mental exertion, *Aurum*, *Calc.*, *China*, *Nux vom*.

“ abating in the evening, *Natrum mur*.

“ with sensation of hammering, *Ferrum*.

“ caused by grief or fright, *Ignatia*, *Phos. ac.*, *Opium*.

When headache is attended with fever, and in the forehead with heat in the head and heaviness, *Aconite*.

If produced from fatigue, brought on from over exertion, *Arnica*.

If produced by alcoholic drinks, attended with derangement and burning in the epigastrium, *Arsenicum*.

If confined to the forehead, as if there is hyperæmia, and pain as

if the head would split or fly to pieces, pain in the orbits, with closing of the eyes, *Belladonna*; and also where there is hemicrania, *Belladonna*. If attendant on severe gastric derangement in rheumatic patients, great fulness and heaviness of the head, with digging pressure in the direction of the forehead and when the headache is worse when moving about, *Bryonia*.

When there is headache during sleep, or early in the morning on waking, as if the head would fly to pieces, or rush of blood to the head with beating in the brain, *Cham*.

When there is headache from suppressed catarrh, or bruised sensation of the brain, with sleeplessness—headache as though the head would fly to pieces, with heat and fulness of the head, at night, or worse in the open air, or aggravated by contact, and especially if the headache supervenes upon the loss of blood or diarrhoea, *China*, and also if the roots of the hair are sensitive to contact and a general soreness of the integuments of the head, *China*.

For headache, attended with excessive painfulness and irritability of the body and mind, aversion to the open air, or arising from intoxication on wine, or from excessive emotions, or supervening upon an attack of measles, or for hemicrania as from a nail in the parietal bone, *Coffea*.

For attacks of pressure in the forepart of the head during mental exertion, stitches in the temples and forehead externally, vertigo, with trembling, *Digitalis*.

When there is internal uneasiness, dry heat and burning in the skin, or fever after a cold, attended with stupifying headache, confined only to some spots. The occiput feels enlarged or when attended with rush of blood to the head with humming in the ears and hard of hearing, the headache aggravated by motion and talking, *Dulcamara*.

For headache on the vertex with a painful pressure when in the cool, open air, and the eyes red with burning and the scalp is painful, *Ferrum*.

For headache confined to the occiput, chronic dryness of the skin, pressure in the eyes, oppressive constriction and tension in the occiput, *Graphites*.

In headache, as if from concussion of the brain, stupifying, attended with spasmodic closing of the lids, or double vision, or headache arising from inflammation of the meninges, Hydrocephalus, and a shaking of the head to and fro, *Hyoscyamus*.

For headache in rheumatic or scrofulous patients, attended with weak memory, tearing day and night with flushed heat in the face, sleeplessness and throbbing in the forehead, *Kreosotum*.

When the headache arises from exposure to the sun, or abuse of mercury, or from intoxication, attended with nausea, or when coupled with nausea, *Lachesis*.

For tearing, burning headache, burning and smarting of the eyes, *Mercurius*.

If the head becomes painful early in the morning or after eating, increased by motion or bending forwards, attended with nausea, and especially in drunkards, *Nux vom*.

For headache and weak memory, attended with heaviness of the head, and painful, as if it would fly to pieces, or as if compressed, especially during mental exertion, *Natrum mur*.

Headache produced by congestion of blood to the head with violent throbbing in the same, or headache aggravated by moving the eyes, or like oppressive tightness of the whole head, *Opium*.

Headache caused by the abuse of mercury, a cold, or by derangement of the stomach in consequence of eating fat, or pain upon one side of the head with nausea and vomiting, and pain as if the brain would be torn, or from rush of blood to the head, with stinging beating in the brain, when stooping or studying, and headache after lying down in the evening or early in the morning, *Pulsatilla*.

Headache immediately after eating or after drinking beer, or when moving the arms, throbbing in the occiput, painful tingling in the head, or oppressive fulness and heaviness, as if the brain would issue through the forehead on stooping, *Rhus tox*.

For morning headache, weak memory, dulness of the head and hemicrania with nausea, and vomiting; semilateral headache, after lying down preceded by weight in the head; beating headache, especially in the occiput, or when occasioned by rush of blood to the head, with heat in the head when stooping, pressure in the eyeballs and especially if attended with depression of spirits or sadness and even anxiety, *Sepia*.

Headache nightly, with feeling of fulness and weight in the head, especially in the occiput, and also if attended with weak memory or melancholy, or vertigo when sitting, or early in the morning, or coldness of the outer head or irritable drowsiness in the after part of the day and a good deal of chilliness at night, *Sulphur*.

For hemicrania with nausea and vomiting, or with painful stiffness in the nape of the neck, or with eneuresis or oppressive headache with pain in the stomach, considerable tendency of blood to the head, cold sweat upon the forehead, *Veratrum*.

Headache attended with drawing in the occiput, vertigo and inclination to fall to the left side, pain in the forehead, temples and occiput, worse after dinner, oppressive headache early in the morning; in the forehead with dulness in the temples and occiput, and sometimes attended with pressure in the eyes, *Zincum*.

Headache being produced by so many disturbing agencies and being connected with so great a variety of conditions that a great variety of remedies will be required, and in all cases a careful adaptation of the remedy, according to the group of attendant symptoms, will be necessary.

Diet and Regimen.—When suffering from headache arising from any cause whatever, it is necessary to guard and protect the function of digestion by adhering strictly to a plain but nutritious diet, and moreover unless the disorder is attendant upon such conditions of the system as forbid it, the patient should frequently be supplied with a fresh invigorating atmosphere and should be restricted to regular habits, in eating, drinking, sleeping, &c.

SICK HEADACHE.

Ordinary sick headache is characterized by rending pain at the top of the head, with violent retching and vomiting. It appears to be essentially nervous, inasmuch as the circulation does not appear to be affected.

CAUSES.—Sick headache appears to be a constitutional infirmity with many, and comes on at irregular periods from trivial exciting causes; sometimes an attack is brought on by looking at any dazzling object, by too tight ligatures about the head, or by a comb pressing powerfully upon it. Hemicrania, which is one of the forms of sick headache, is not unfrequently attended with hysteria and is peculiar to hysterical individuals, and on this account it is sometimes termed *Hysterie* or *Hysterie nail*, from the sensation having been compared to that of a nail driven into the scalp.

Hemicrania in many cases returns periodically, like the paroxysms of an intermittent fever; by some it is regarded a form of neuralgia. Piorry regards it neuralgia of the iris, because fatigue of the eye brings on the difficulty, and operations upon the eye will

produce vomiting, the same as in hemicrania; as the difficulty is common to all ages, it is believed to be hereditary, or that a decided predisposition may be laid in the organization.

At times an attack of hemicrania is preceded by deprivations of vision and audition and the stomach exhibits signs of derangement by the presence of nausea and vomiting of an acid matter. At other times the attack comes on without any preceding premonitions, and is excessively severe, being confined to one side of the head, affecting more especially the forehead and temples. Although during an attack there is no encephalitis; the encephalon, nevertheless, is quite sensitive to light and sound and even the skin of the parts affected is unable to bear the slightest touch. The intellect is rarely disturbed, though strange perversions of the senses are occasionally witnessed. In most cases the stomach is disordered, but the circulation remains in a normal condition.

During a severe attack there is profuse lacrymation upon the side affected, and sometimes the secretory organs are so much deranged by the attack as to occasion jaundice. The duration of the paroxysms vary from two to four or six hours. The periods of their occurrence are very irregular, sometimes only once a year, at other times every week or two weeks.

TREATMENT.—The remedies for the most part employed in the treatment of sick headache, are *Bell.*, *Bry.*, *Cham.*, *Calc.*, *Ignatia*, *Nux vom.*, *Pulsatilla*, *Iris versicolor*, *Sepia*, *Sulphur*. Those which are the most applicable in hemicrania, are *Bryonia*, *Calcarea*, *Graphites*, *Mercurius*, *Spigelia*, &c.

Belladonna will be applicable to those cases that are marked by severe rending pain in the vertex and forehead, attended with severe vomiting, and also in hemicrania where the pain is confined to a single spot, and affecting the eye, and attended with nausea and vomiting.

Bryonia is suited to those paroxysms where there is vomiting of bilious matters, aggravated by motion, and also in hysteric headache or hemicrania, attended with vomiting and lying down.

Chamomilla, when there is hemicrania in children, attended with vomiting of greenish bile, and general restlessness of the whole system.

Calcarea carb., when the hemicrania is simply attended with eructations and inclination to vomit, icy coldness about the head, especially on the right side.

Ignatia, when there is headache as from a nail driven into the brain, with inclination to vomit, lessened by bending the head forwards, and when there is hemicrania, aggravated by stooping, coffee, noise and odours.

Nux vomica is suitable when there is pain and fulness of the head, and nausea in the after part of the day, and also in hemicrania, with nausea and sour vomiting, and when worse, in stormy weather.

Graphites, when there is hemicrania, with nausea and sour vomiting, worse when moving the head, as when riding in a carriage.

Cocculus, when there is inclination to vomit, and bruised feeling in the bowels, and convulsive trembling of the head, pressure and bruised pain in the eyes, headache and vomiting resembling sea-sickness.

Mercurius viv., when there is violent, rending headache, as if the head would fly to pieces, and bitter vomiting, resulting in jaundice, and when the pain is aggravated by warmth in the bed, tearing headache on one side, and also tearing, burning headache, and bitter vomiting, especially when the pain is confined to the temples, very suitable for persons of pale complexion, jaundiced hue of the skin, with dim, dark-looking eyes.

Pulsatilla, when there is sick headache, in persons of mild disposition and lymphatic temperament, hemicrania with nausea and vomiting, semilateral headache and nausea, at or near the menstrual period, aggravated by lying down, or when the headache has been caused by the abuse of mercury, or previous derangement of the stomach, and when it is especially worse in the evening, and when there is sweat on the hairy scalp and in the face.

Iris vers., when there is semilateral headache, and severe beating in the head, and an irritable condition of the stomach and bowels; frequent nausea, retching and vomiting.

Spigelia.—Headache and vomiting, aggravated by the least exercise; boring and digging, tearing headache, during motion; shocks in the head and bilious vomiting, or nausea and retching; burning pain at the forehead and temples, as far as the eyes; pain in the orbits; pressure on the eyeballs, especially when turning the eyes, and when there is vertigo and nausea.

Sepia is one of the best remedies for sick headache in the morning, or semilateral headache in the evening; dulness of the head; hemicrania, with nausea and vomiting, and stinging and boring pains; beating headache, with nausea and eructations; headache, with

deathly sickness, and pressure upon the top of the head ; pressure in the eyeballs. This remedy is especially suited to those of pale face, with blue margins around the eyes, or yellow or sallow complexion, having the appearance of jaundice, and especially when headache is attended with eructations, mostly sour, or bitter, or foul, or tasting of the ingesta after breakfast. It is suitable for hysterical females suffering from uterine weakness, and prone to paroxysms of sick headache.

Sulphur is one of the most efficient remedies in sick headache, when there is a feeling of fulness and weight in the head, or when the pains are so violent as to cause fainting fits or hysteric spasms, and especially when the pain is most felt when the body is at rest ; and also when there is chronic headache, and occasional nausea, and a throbbing headache, mostly with heat in the head ; or stitching headache, especially in the forehead ; and also when the paroxysm is succeeded by yellowness of the skin and schlerotica ; and when the headache is worse in the open air ; and finally, when the paroxysms are characterized by coldness of the forehead and the scalp.

When sick headache frequently affects those who are suffering from prolapsus uteri, sulphur may be employed first, and followed by sepia, if in feeble constitutions ; or it may be followed by *Belladonna* in robust or plethoric females.

Platina will be found a successful remedy when the headache comes on, gradually increasing and then decreasing, with a numb feeling in the head, and on the vertex ; and when there are pains in the sides of the head, as from a plug ; or when there is compressive pain in the forehead and temples, roaring in the head ; and when there is a cold feeling in the eyes, objects seem smaller than they are ; and also when there are burning and redness of the face, burnt feeling on the tongue ; and especially when the headache supervenes upon protracted menstruation ; or when there is debility of the menses, attended with short breath, constrictive oppression of the chest and palpitation of the heart ; and when, during the headache, there is constrictive pain in the pit of the stomach.

Aurum is also a remedy, especially suited to females when there is burning in the forehead ; cold feeling on the top of the head, and beating in the left side of the forehead, and when there are sadness and weeping, and inclination to suicide ; or when the sick headache attends a prostrating leucorrhœa, and is preceded by palpitation,

pulling and cutting pain in the region of the heart, and when there is burning and stinging in the palmar and plantar surfaces.

Arsenicum will be found a useful remedy, when there is beating pain in the forehead, with inclination to vomit, and in hemicrania, when there is burning, tearing pains in one side of the head, and acrid vomitings and intense thirst.

Many other remedies may be consulted with reference to the cure of this inveterate lesion.

Sometimes cold applications to the head during a severe attack may be permitted, such as cloths, dipped in cold water, and perhaps too, when there is any indication of hyperæmia, tepid water, or that which is quite warm may be applied in the same way.

The *diet* and *regimen* for persons addicted to sick headache, should be restricted, they should refrain from the use of stimulants entirely, such as coffee, green tea, wine, ale, or alcoholic drinks, and from all fat or greasy food; plain toast and black tea; bran bread, mutton and beef, with a sparse quantity of the vegetable aliments, should chiefly constitute the diet, and when practicable, exercise in the open air is commended.

To relieve suffering is the aim and design of the physician, and no common ailment, whether of body or mind, can fail of requiring his strictest attention, and in the treatment of a malady so commonly prevalent as *headache*, but little advantage will be realized from the treatment unless certain rules and regulations are strictly adhered to. It is for the medical practitioner to point out these rules and require strict attention to them. In order that a clear idea may be had of what is meant by strict attention to certain rules, the following may be specified:—

1. If headache seems to be dependent upon difficult digestion, the greatest regularity should be observed in relation to the meals. The most nutritious and digestible aliments should be used, and great care should be exercised to masticate every particle before taken into the stomach.

2. The quantity of food should be restricted to what the digestive organs can take care of, without being burthened, and none but light food should be taken to retire to rest upon.

3. If any of the allowed aliments are ascertained to be the cause of bringing on a paroxysm, or of producing any aggravations, such articles should be prohibited.

4. If any known practice appears to produce headache, let it be

discontinued, if possible. Sometimes a person's labor or employment may disagree with his health, as indicated by continual headache when in the discharge of his duties, of course, a change of employment is recommended when it is practicable.

5. If headache arises from drinking wine, ale, beer or any other stimulating beverage, abstinence from the use of these articles should be an imperative rule.

6. Should headache succeed the too free use of tobacco or coffee, tea, or any other stimulant, abstinence from their use until the health becomes established, should be regarded an imperative rule.

7. When persons appear to suffer from constitutional sick headache, it is the duty of the practitioner to seek out the most favorable measures for affecting a change in the system, that it may obviate the suffering—as for instance: all irregularities should be guarded against, such as in eating, drinking, exposure, sleeping, &c.

8. In prescribing remedies, the practitioner should first study his case well and be critical in the selection of his remedy, and then he should persevere in the treatment, allowing of no derelictions on the part of the patient, until the effect has been satisfactory, and in this way a change may be effected in the system, and the headache may be effectually cured, and on the contrary, any relaxation on the part of the patient will only retard the efforts of his physician, for no constitutional changes can be effected without a persistent change of regimen.

Headaches of a mild character, and when the subjects are able to keep about, may often be mitigated by gentle exercise in the open air, and particularly if they are purely nervous in their character, and not dependent upon febrile difficulties; but the exercise should be regular and not violent, for in feeble constitutions nothing is better calculated to produce headache than a degree of exertion beyond the patient's power of endurance. Many females when they go into the streets to walk, are led by a fond of novelty and change to prolong their exercise to a degree that defeats the legitimate object for which it is intended. In all such cases the practitioner should be critical in prescribing proper restrictions, and particularly when headache is dependent on other chronic lesions, easily aggravated by over-exertion. Headaches attended with fever require rest in healthy apartments, free from an adulterated atmosphere, or sickening odors of any kind.

REMARKS ON DR. GEIB'S DEFENCE OF HAHNEMANN.

MESSRS. EDITORS:—

With the interest of a tyro in Homœopathic literature—and mayhap a certain love of combat—I have lately amused myself by reading a series of letters, published in your journal, by Dr. Geib, in “defence” of one Samuel Hahnemann, M. D.

The “defence of Hahnemann” against his own right hand colleague! his interpreter to the whole English world and one of the heads of the Homœopathic school in America! one who has labored most assiduously to popularize and spread the doctrines of Hahnemann, with a persevering industry that nothing but the truest enthusiasm for science could have sustained! This certainly is rich in promise, thought I, and I smiled involuntarily as I read the modest charges brought against the “Organon of Specific Homœopathy,” though its pages teem with tributes of respect, and abundant quotations from our “revered authority.” The writer mistakes, so naturally, a little merriment as to the minutiae of inquiry, for “ridicule cast at Hahnemann,” and so earnestly accuses of “careless reading, misunderstanding and garbling” the text of the great philosopher—his own translator! that it savors strongly of the ridiculous, and may I add, a trifle of conceit. This spirited “defence of Hahnemann” reminds one of a man voluntarily groping about, striking with desperate energy at nothing.

Through five successive epistles Dr. Geib has alternately proved and disproved apprehension and misapprehension of the agreement and difference between Drs. Hempel and Hahnemann. The notice of his “abstract review,” is so peculiar, that in its incoherent form and petty conceits, we find the most embarrassing obstacles to a consistent reply. Dr. Hempel’s work is a tissue of consecutive reasoning, proving his various points with logical force, and, to be understood at all, must be understood as a whole. He points out with careful exactness, the glimpses which he thinks one may discern in the writings of Hahnemann, of a spirit of reflection beyond the mere external apprehension of outward phenomena. This constant disposition to award honor to the master, and to veil any discovered nakedness with filial respect, may sometimes throw a shade of inconsistency upon his own pages, but more perfect understanding will soon dissipate and discover its reason.

I could have wished Dr. Geib had been more definite. The numerical arrangement of his first letter had at least the appearance of mathematical precision; whether made for convenience of reference, or for better understanding of his subject by himself or others,—the four remaining epistles leave us in doubt. One grows tenacious of the rendering of one's own thoughts by another!

The only deduction I have been able to make from this display of skill in ticketing "facts, considerations, motives, opinions and elementary principles," is that the genius of indexing must have presided over the writing of "Hahnemann's defence!"

What this classification of Dr. Hempel's motives is to facilitate, we cannot conjecture. If motive was to scientific data or truth, what it is considered in criminal jurisprudence, the reason might be more obvious. Like a child with a dissected map before him, nicely adjusting part to part, without understanding the geography of a country, is therein expressed; our reviewer passes over the very spirit of this extraordinary production, and though so happy in his quotations as to render the matter clear to other minds, still professes to fail in discovering this "animus," this "spirit of disease," which is shown by a course of inductive reasoning, to be the "essence of the reformed practice." I quote Dr. Geib's words, for I like them! They convey, to my understanding, meaning which offers the needful clue in threading my way through the observation of the external phenomena of disease, which may, or may not, bear particularly on the "morbific principle" for which I seek. This clue of ratiocination furnished by the "Organon of Specific Homœopathy," will be hailed, I imagine, by many an earnest practitioner as the point d'appui for which the logical mind is ever seeking: the want of which has caused the creation of many an hypothesis, which will not be equally able to stand the test of practice. It was not my intention to defend Dr. Hempel's work,—its best defence is its careful perusal,—but simply to reply or protest in the name of as large a class of thinkers, perhaps, as Dr. Geib himself may be supposed to represent, against any supposed antagonism to the principles of Hahnemann, to be found in this work; and against that fear of innovation, which has evidently been aroused in the present instance, being supposed to be the general sentiment of the profession. With the timidity of one wholly inclined to trust the majesty of precedent, the reviewer turns, without sufficient

inquiry, upon the successor, not comprehending, in this instance, the difference between friend and foe. There are those who more boldly seek the *law*, under which our whole storehouse of facts are to be looked for with the educated eye of reason, as scientific results!

The opening of a mine, however faultless may have been its first excavations, will surely not prevent, at later times, the reverberations of spade and pickaxe in more distant chambers. Was even Dr. Geib able to speak of our system of therapeutics as wholly faultless? Did not death and failure often sadden the heart of the practitioner, and carry gloom and distrust to the bosom of our patient? There would be little use to press the mighty columns of fact for a reason; but human life demands the attentions of the most progressive minds, without the fear that truth will suffer by any investigation.

A late president of the New York Homœopathic Society, J. T. Curtis, M. D., in his public address, ventured a most sweeping charge against the inefficiency in practice, of a whole class of remedies, and to find the reason for this inefficiency in their being constituents of the human economy. The constant and increasing demand for, and the almost universal voice of experience, tending towards simplifying, or reducing the number of drugs in our *Materia Medica*, plainly shows the door of research is open wide. Hahnemann, himself, would doubtless have been the first to hail any step that should, in practice, prove itself an advancing one in the road towards truth.

Our system of Therapeutics long since having established its claim to rank among the sciences, must we not expect it to follow the general law operating in the development of all other sciences? Observation gathers a mass of crude detail. The various phenomena are analyzed with careful scrutiny, and naturally classed under appropriate heads, and are thus presented to the human understanding as a defined system—harmonious adaptation of its various parts forming unity. This general law of combination under the acknowledged formula of *similia similibus curantur*, or of the perception of specific individualization, extending itself under a given classification, has been the natural result and offering of the close research and comprehensive genius of Dr. Charles J. Hempel to Homœopathic science. This is the second great step in the order of

scientific developments, in no wise contravening the magnitude of the primal step, but uniting with it, by the strong grasp of true affiliation. That this second step should at once be hailed by all present practitioners in Homœopathy, would be obviously asking from human nature more than any former experience would warrant. In the inevitable progress of all things, we shall doubtless see the Homœopathic treatment of disease classified, as we confess to believe it is already in the "Organon of Specific Homœopathy." Time can alone decide. The expectation lives that this theory will yet be engrafted as the natural offspring of our great master's fundamental law.

When one plainly declares himself satisfied with external results, in preference to troubling his mind by searching for the latent springs of action, we naturally withhold the opening of scientific inquiry. The little formula in commercial, as well as social ethics, settles the question at once, "demand should regulate supply," otherwise our efforts are but "as water poured upon the ground."

The reviewer seems very perfectly to have read, though imperfectly to have comprehended the theory (whose basis of inductive reasoning covers far more ground than did the reasonings of Hahnemann,) when he complains of the "unwarrantable and incomprehensible" pursuit of the "animus" in Homœopathic science. Inconsistent, even here, in his fourth letter, he asserts "the upholding" of this "bond of union," which seems to him "incomprehensible" between disease and remedy, to be legitimately "Hahnemannian;" or when he admits that "unsophisticated" common sense has often selected the *specific* medicine, in cases where the "starting point" and "bond of union" had been overlooked by "educated medical counsellors." In quoting from Dr. Rau's New Organon, he appears anxious to array this name against "Specific Homœopathy," but from his own quotations I question whether another will coincide with Dr. Geib's opinion. "To know the locality of both pathogenesis and disease," he esteems of *cardinal* importance, while his tribute to the *correspondence* of the primitive symptoms of the remedy with the disease, beautifully coalesces with Dr. Hempel's theory.

After so much of this kind, merely corroborative, what can be meant by the "supplanting of our beautiful, simple formula by Drs. Hempel, Teste & Co.!" No doubt the conjured "spirit of

Hahnemann smiles" on the inconsistencies of his champion, while, what is far more important on this mundane sphere, the living spirits of many Homœopathists smile their approbation upon the laborious efforts of "Drs. Hempel, Teste & Co.!" to give consistency to that beautiful law *similia similibus curantur*.

When we read the public authorities of Marseilles have visited the Homœopathic drug stores, seized their preparations—because the most careful chemical analysis had failed to detect the slightest quantity of the active principles said to be contained in the remedy, we needs must furnish a reason, sufficient to stimulate the Homœopathic world into a series of inquiries, how with such drugs, cures are daily being effected. No rational hypothesis has ever yet been presented. Even Hahnemann contented himself with the mysterious fact. This search into a plane beyond the reading of mere common sense, or into the metaphysical range, Dr. Hempel has performed. On no other platform can the infinitesimalist so successfully maintain his position, or give a reason for the faith he possesses.

In the "defence of Hahnemann" against the "works of his opponents," I am not surprised when I find these works merged into the "Organon of Specific Homœopathy," to perceive the author still remains unscathed—"no mark of contest dire betrayed;" but think Dr. Geib has scarcely been so fortunate as to protect himself from the rebound of his own forces. "The world might rejoice even, if a medicine could be marked down against each disease, *provided the adaptation be made upon a correct principle.*" Dr. Henderson is asked, "to arouse every incumbent of a medical college to the one great desideratum of the *specific action of drugs* in curing disease." These quotations couple strangely with the reviewer's objections to the name of "Specific Homœopathy, which he supposed a formidable assault upon the cherished formula," and which startles the worshipper, in the outer vestibule, even to the cry of Infidel, against one whose faith, like his abilities, proved of more comprehensive scope have given to him the highpriest's prerogative of penetrating to the inner courts, to issue thence with words of blessing for the people, in the discovery of a more complete rationale in our system of Therapeutics. Could the shade of Hahnemann step forth to vindicate the claims of Specific Homœopathy, his testimony could scarcely be more clearly rendered than

he has already given in the 118th and 143d paragraphs of his Organon. Dr. Hempel clearly proves, on page 208, not that he abandons Hahnemann's formula, but that he applies it more widely, and more to the heart of things.

"This formula should not be understood as simply referring to an outward similarity of the drug symptoms to the symptoms of natural disease, but should imply a perfect correspondence between the drug disease and the natural pathological disturbance as morbid states, not as mere series of symptoms—and in order to leave no doubt that this compound similarity or perfect correspondence is the import of this formula—a more adequate expression would be *correspondentia correspondentibus curantur*." Nothing can be more explicit than this quotation.

The "defender," his mind rejecting so readily all but the tangible, meets with equal reproof in Dr. Hempel's hypothesis of "attraction" of disease to its remedy, and Hahnemann's theory of "usurpation," wishing each gentleman had been more "non-committal."

After this, we are both pleased and surprised at his consenting that "the rationale of cure may be a legitimate subject of inquiry!"

This faith, in the succeeding paragraph, extends no further than the most perfect reliance upon fact: the gallons of boneset that haunted our childhood, had precedent in every old-woman's recollection. Spring medicines and a comfortable dosing with the preserving blue pill, all rest on the reviewer's peculiar "a priori" reasoning. In the sentence, "the word specific cannot have other meaning than adaptation, therefore, the whole of our author's ideas turn on his own definition of disease, which he has failed to give in any part of his work," the definition is as nearly correct as the substitution of a substantive for an adjective could allow; we only wonder at its necessity, and at the most singular deduction of its conclusion.

There is an ambiguity about many of his marked phrases—which the context will not explain. To one who ranks instinct in one case so highly, we think "*secret instinct* of physicians in the efficacy of a drug," might be easily accepted, but the next sentence gives italics equally forcible to "*the common sense* of physicians, has assigned to each drug a *specific action*," we wonder if the "common sense" or the task assigned are the points of reprehension.

What may be meant by an "*inductive* practical illustration?" I

confess in reading the first and second letters, these italicised nothings in the way of critical indication, remind one of a certain devotee in the difficulty of detailing her offences, who was met by her benevolent confessor: "Aye, well, child—you may as well 'lump' them."

There are those who require an example to aid them in comprehending the demonstration of a principle, and those who fail with the addition of the illustration, "The whole is greater than its part, is an axiom," said a master to his matter-of-fact pupil; "a piece cut from this pie is proof." "What is an axiom?" "A piece cut from this pie," answered the promising lad.

The difficulty of being intelligently comprehended may arise equally from defect in writer as in reader, and the apparent trouble which is found in understanding such intangibilities as "starting point," "bond of union" between disease and its congenial remedy, forces the conviction that the *Organon of Specific Homœopathy* may not in this instance be wholly to blame. The term "point" must, with the gentleman, connect itself with a direct locality, and he doubtless looks with curious eyes toward some one of the orifices of the human organism whereby it may be materially entered.

Metaphysical differences appear to have escaped his attention more than once, as he credits the Doctor with the invention of a definition of difference between the understanding and reason, as a basis for a distinction between the external phenomena of disease, and its essence, or internal principles. Crabbe's *Synonymes* will correct that error.

Can the learned Doctor inform us of the precise "starting point" where any passional emotion enters the frame, or dispute the existence of some intangibility prior to the manifestation of symptoms discerned by the senses?

The fact of the progressive nature of disease, enforcing purely symptomatic treatment, might be an objection if the drug disease was not equally progressive in character. Are there not also symptoms appearing frequently in the course of a malady that no remedy if applied strictly on our principle could cover?

The following extract will be all that is necessary to rescue Dr. Hempel's work from the charge of "discarding the symptoms as guides," although he asks for their consideration, in the choice of a remedy, not singly, but as a "*unitary group*." "The highest pre-

rogative of the human reason is rejected by the *mere* symptom hunters as insecure speculation. Yet it is this rational view of the physiological and pathological character of the symptoms that can alone lead us to the discovery and use of the specific remedy in the case." The denial of each symptom as a morbid condition, upon which a remedy may be predicated—Dr. Hempel most logically contends for.

In this singular "Defence of Hahnemann," Dr. Geib failing to perceive Dr. Hempel's demonstration, charges him with having forgotten his conclusion. His mistake becomes obvious, when we find he is seeking "example" or the practical illustration of the demonstration.

The application of Dr. Hempel's theory of disease would be one of the most valuable contributions to our literature, and if the learned Doctor "wearies not in well doing"—in missionating for the noble cause—we trust he may consent to give to the world the result of his intelligent experience in a volume of "Practical Details." Such a work would furnish the pillow of precedent to those who most fear the loss of the staff in their repertoires.

But I fear I have already taxed your pages and patience needlessly. The gentleman reviewer will of course pardon any apparent personality in my desire to present a fact proven by his own inconsistent reviewings, that there are "two sides to a subject."

H. S. DE G.

CASE OF MEMBRANOUS CROUP.

PERHAPS there is no point where homœopathic physicians are more liable to err, than in the overlooking of the products of disease, where such products become the cause of new disease and disturbance, and their consequences. Being so much accustomed to see diseases yield to the rightly applied remedy, the mind hardly stops to doubt that in any case where help is possible, the appropriate medicine will have the desired effect; and hence it is that in many cases one will change the remedy, when improvement does not follow its exhibition, thinking the fault is in the wrong selection or the improper dose, while the real truth is that the new product

(acting mechanically, chemically or otherwise,) bars the possibility of cure so long as it stands in the way. Judging that this circle of action is not very wide, there is still little room to avoid the conclusion, that accumulated serum, lymph, puss, the contents of many cysts and tumors, and other abnormal formations, are often the present and material cause of defeat. With such a point duly in mind, I think we should be more often led to the mechanical or chemical removal of these products, and thus pave the way for the desired cure. With these prefatory remarks I submit the following case, by which I think the point is illustrated.

June 29th, 1854. Abby, daughter of ———, aged 4 years, was taken with croup in the first of the evening, and I was called at about 11 o'clock in the night. Found the child with a ringing croupy cough; wheezing rough breathing; hot skin and quick pulse. R Aconite 6th, once an hour, as long as it seemed to do good, and then Spongia 3d and Hepar. Sulph. c. 1st, alternately once an hour.

On the morning of the 30th she seemed very much relieved. The croupy sound of the cough seemed changed to a rough catarrhal sound, and the breathing was nearly, though not quite, natural. Inflammatory reaction of the skin almost wholly gone. R Bryonia 6th, Ipecac. 0, alternately, once an hour. At 8 P. M. found the breathing more difficult, though the cough had more of a catarrhal than a croupy sound. R Phos. 3d, Tart. Emetic 1st, alternately, once an hour.

On the morning of July 1st, as there was no marked change for the better or worse, three or four doses of Mercurius protojodatus 1st, were given, and after that the same prescription as yesterday. At 8 o'clock, P. M., there seemed to be an advance of the disease and Kali bickromicum 6th, and Lachesis 10th, were given once in 30 minutes, alternately. I was called at 1 o'clock at night and found the symptoms worse. It was now evident that there was an aggravation of the symptoms, both towards 12 o'clock at night and 12 o'clock at noon. R Phosphorus 1st and Bryonia 6th, alternately, a dose once in half an hour.

July 2d. It was evident that a membrane had formed, and that the medicines hitherto had not been able to resolve the inflammation so as to throw it off; and as I had once before, in a case that I took to be membranous, succeeded in curing with Ipecac. and Bryonia, (according to the recommendation of Dr. Teste,) when in

the same stage as in the present case, I gave these remedies, 3d dilution of the former and the 6th of the latter, once in 15 minutes alternately. I had before informed the parents of the danger, and yesterday told them that recovery was hardly possible. The difficult sawing and wheezing breathing was constant, with paroxysms that were constantly threatening suffocation, and though the *Ipecac.* and *Bryonia* seemed to mitigate the suffering to some extent, yet when I left the patient, late on the night of the 2d, the pulse was quick and fluttering. I told the friends that I thought she could live but a short time—not more than an hour or two. On the morning of the 3d I was informed that she was still alive, and was requested to see if I could do something to relieve her. I found the difficulty of breathing had been almost suffocative, at times, through the night, with a constant sawing, and the head thrown back; and there was a dark color of the face and extremities, from the unoxygenized state of the blood—so imperfectly had the breathing been performed. Feeling confident that the membrane did not extend into the lungs; and that it was of such firm organization that medicine alone could not remove it, the question was, how could it best be removed mechanically?

It seemed to me that there would be as much promise of success to pass a sponge loaded with caustic into the larynx, as to open the trachea with a knife and then attempt to remove the membrane. Accordingly a stick of whalebone was bent at an angle of about forty degrees. The bend was about an inch and a half from the end and on the end a piece of sponge was fastened. The sponge was as large as would readily pass in the larynx. Twenty grs. of *lunar caustic* were dissolved in two drams of water, and the sponge, saturated with the solution of caustic, was passed over the epiglottis and pushed into the larynx. When the sponge was withdrawn it was covered with a coating of the membrane.

As the first passage of it was not fully successful, it was passed again in about half an hour. The strangulation produced by the passage of it, caused the expulsion of a quantity of mucus and some patches of membrane. After that the breathing was a little more quiet and without the violent paroxysms. R *Bryonia* 6th and *Mercurius protojodatus* 1st, alternately, once in 30 minutes.

The patient continued to improve slowly till 1 o'clock P. M., of the 4th, when there seemed to be an arrest of improvement and

gradual aggravation of the symptoms until 3 P. M., when the caustic was again applied as before, and brought up a covering of membrane as at first. The breathing, though far from natural, was much improved, and through the night of the 4th and 5th she continued to cough up patches of membrane, at times.

On the morning of the 6th, the breathing was more difficult and noisy than it had been for the last two days, and the *Bryonia* and *Mercurius protojodatus* were discontinued, and *Spongia 3d* and *Phosphorus 1st* were given in alternation, once in 15 minutes. After taking the medicines the breathing began to improve, and improved until 2 or 3 P. M., when she had a violent coughing fit, and seemed to raise a large quantity of something which she swallowed (perhaps the remains of the membrane) immediately after which the breathing became comparatively free and easy; though the cough was changed from a muffled wheezing whiff, to a shrill rough croupy sound. I assured the family that the child was better, and that what they took to be a bad sound of the cough, was a good indication.

9th. Improvement has continued steadily till the present time. Breathing almost natural; cough with an easy expectoration of mucus and occasional streaks of blood. The appetite has returned and the child is quite playful. Has taken the last prescription till the present time, only less often. To continue it once in two hours.

The improvement continued till the health was fully restored.

CASE OF ACUTE DIABETIS MELLITIS.

A HOMŒOPATHIC NON-CURE.

MARTHA, daughter of A—— S——, aged 12. Light complexion and hair; light blue eyes; sanguine temperament strongly marked. Health generally good until Dec. 1st; she was taken with some increase of the urinary secretion and discharge. Her mother was informed of it, but thinking it of no importance, no attention was paid to it; when about the 3d inst. she went to school, some 15 miles from home. While there the difficulty increased rapidly, so that the thirst became very great, and the quantity of water discharged was very large. She lost flesh rapidly, and at the end of

a week (during which she attended school,) she was sent home. I saw her first on the evening of the 11th inst., and then found that for the preceding twenty-four hours she had passed two gallons of clear water, three pints of which, yielded, by evaporation, full four ounces of syrup as thick as molasses, of a decided saccharine smell, and with but a faint smell of uric acid. I judged that the syrup contained as much as three ounces of pure sugar, which would give an aggregate of a pound a day. The tongue was covered with a dirty-white coat; thirst very great; appetite poor; pulse 150 per m., and rather sharp; extremities inclined to be cold, though there was no particular chill; pupil of the eye larger than natural, though it responded readily to the light; expression of the face much like one with a mild hectic; considerable feeling of languor, though she set up some of the time. Has drank ice water freely through the day.

R Belladonna 6th, and Veratrum 6th, alternately once in 3 months. To have broth, toast, gruel, etc., but to take as large a proportion of animal food as she could with comfort; cool, but not cold drinks.

Dec. 13th. The quantity of water passed during the last 24 hours, has not been more than three pints, but it appears to contain as large a per cent. of saccharine matter as at first. She feels considerably weaker, and is confined to her bed. The pulse about the same as on the 11th; breathing somewhat deep and sighing, and there is quite a nervous restlessness; feels as though her flesh was burning hot to herself, while her limbs feel cool to the hand of another. There is a degree of gastric irritation, produced, as I suppose, by drinking ice water on the 11th. It is evinced by the intense thirst, while but little can be taken at a time, and that little produces pain in the stomach. The head is rather warmer than the rest of the body, and bears cloths wet with cold water. The symptoms, taken as a whole, (except the urinary ones) have a very strong resemblance to Typhoid fever. Lays with the eyes shut in a kind of half sleep.

R Arsenicum 6th, once in 6 or 8 hours, instead of the other medicines, when the pain in the stomach is severe, at other times Belladonna 6th and Veratrum 6th, once an hour, alternately.

Dec. 14. There has been some increase of the quantity of water taken and passed. After taking a dose of Ars., the pain in the

stomach disappeared and has not returned. The whole of the general symptoms are worse than yesterday; breathing more deep and sighing; coldness of the extremities greater; the semi-stupor constant; much difficulty in speaking; pulse very quick and fluttering.

R Ammonium carb. 1st, Opium 3d, once in 30 minutes, alternately. If no improvement from these, to take Zincum 2d, instead. Don't expect her to live twenty-four hours.

Dec. 15th. Patient died to-day.

Can any one of the homœopathic brethren tell me, through your valuable journal, how the above case could be cured? If they can throw any light on such cases, it will be thankfully received.

There have been some four cases of acute Diabetis Mellitis in this vicinity, within the last four years, and they all terminated fatally. Three of them were under Allopathic treatment; and as nearly as I can learn, they presented much the same symptoms as I have transcribed from my journal above. The disease lasted from two to three weeks. There have also been two or three cases of chronic Diabetis Mellitis within the same time. I prescribed for one of them for several months without effect. They all died.

CONTRIBUTIONS TO HOMŒOPATHY FROM THE FLORA OF BARBADOS.

BY FRANCIS GODING, M. D.

THE forests and deep ravines, the mountains and plains of the West Indies, abound in plants possessing medicinal properties, and thus affording an ample field of research to those who may desire to engage in the laudable object of enlarging, by experimental inquiry, the sphere of benefit which Homœopathy confers on animal life. It is with the view of encouraging this investigation, that a selection of such plants growing in the island of Barbados, as are known to have medicinal virtues, are offered to the notice, and for the consideration of provers of drugs.

I am aware that an objection exists to further inquiry into the healing qualities of plants and other substances, on the plea that the *Materia Medica pura*, and other later accessions to our store of

therapeutic agents, already embody more matter than the most tenacious memory can well recall, to apply it promptly and practically to diseased conditions; and that this promises to accumulate with the hazard of engendering confusion and greater complexity in the administration of so many remedies. Conceding that there is an immense mass of detail, some of which may perhaps be shapeless and unserviceable in its present form, it cannot, however, be denied that these records of painful labor, with all their diffusiveness, are far from possessing every desideratum in the treatment of the ills, and their numberless shades, which flesh is heir to; an admission, for it must amount to this, that does not recognize a relaxation from efforts to acquire whatever matter, fresh and valuable, can be rendered available to the perfectness of Homœopathy as a science. Let us instance one disease only, as evidence of the truth of the foregone acknowledgment—*Tetanus*, for example. What an obloquy this still entails on our professional attainment in reformed medicine, the rarity of its cure attests; notwithstanding that the morbid phenomena attendant on the disease, are prominently represented among the pathogeneses of several of our remedies. In adducing this malady, in confirmation of the position I have assumed, I speak feelingly and from experience of a sensible deficiency; for practising in an island where tetanus not unfrequently occurs as idiopathic and also endemic, independently of a traumatic cause, I have met with disappointment in remedies, of which careful study and *a priori* reasoning had led me to anticipate better results. Among those exhibited to patients laboring under this disease, I can cite *Opium* as the only medicine which has effected a cure, although mitigation of sufferings did sometimes follow the use of others.

An objection then, founded on a redundancy of remedies, or on the copiousness of the details in the *Materia Medica*, to accept tenders from those who may aspire to contribute to the raising of the superstructure on the basement which the great Master has built, is scarcely valid. What seems necessary to obviate disorder and incumbrance, is the selection and methodical arrangement of the materials, and if these be provided and brought together for after handling, we need not despair of workmen of ability to accomplish so desirable an end. Already do we see laborers in the cause,—men striving in the right direction. The attempts, imperfect as they are at present, of Teste, and other authors, on *Pharmico-dynamics*, to

systematise the *Materia Medica* by arranging the elementary facts of Therapeutics, will not surely be abortive, and may be looked upon as the dawnings of a more auspicious horizon for the student and practitioner of reformed medicine. The difficulties with which they have to contend, in their laudable efforts, seem indeed, not so much to depend upon the diffusiveness and superfluity of material, as the occasional scarcity of it, to fill up the gaps which sometimes present themselves in the combination of their elements, and the arrangement of their design. If our archives be well stored, surely these difficulties are less likely to be felt; and there can be no doubt, that it is more easy to discard useless agents, than, when at need, to be searching for such as are desired.

With these impressions I venture to offer a contribution to Homœopathy, in the following pages, as suggestive matter for provers; for who can tell, among the plants used empirically by rude and unskilled persons—in the *ptisans* of the old crones of the Antilles, concocted of herbs deriving real or supposed virtues from some sensible qualities, as taste, smell, &c., or from occasional curative powers—who, I repeat, can tell what properties may be revealed, what specifics developed to enhance the value of, and enrich our Therapeia, when these vegetable products shall have been subjected to the best reliable test—the proving upon the healthy?

In thus inviting attention to the “contributions,” it is necessary that I should be just,—*sum cuique tribuo*. They are, for the most part, a compilation, being chiefly *excerpta* from an unpublished manuscript in my possession, of the late Dr. Collyns. The author of the manuscript, a physician and a native of Barbados, was a man of observation, and possessed considerable botanical attainments. His work, entitled “*Indigenous Botany of Barbados*,” was written over thirty years ago, and gives evidence of much pains-taking in the investigation of the plants he examined, which amount to nearly three hundred species. Of these, I purpose to allude to such as the doctor ascribed medicinal qualities, confining myself to no further botanical notice of them than appears in the sequence of the Linnean sexual system, under which they will be arranged, together with the natural order to which they severally belong. Dr. Collyns’ manuscript goes beyond this; a particular description of each plant being given; but in the present day, when works of botanical reference are easily consulted, this seems unnecessary.

The vernacular names of the plants are derived from Hughes' Natural History of Barbados, 1750, while their synonyms are for the most part those of Miller. The original matter from Dr. Collyns' manuscript will be included in brackets.

Philadelphia, Jan. 7, 1855.

[JUSTICIA PECTORALIS.

Antigua Balsam.

DIANDRIA MONONGYNIA.

PERSONATÆ. *Lin. Acanthi.* }
Juss. }

This is a very odoriferous plant, and retains the scent powerfully after it has been dried. It is in very general use as a pectoral in coughs, catarrhs, consumptions and other complaints of the breast. The lower class of people apply the beaten leaves to cuts and fresh wounds. It has the smell of the Tonka Bean, (*Depterix odorata.*) Miller observes that the whole plant has the smell of new hay, mixed with a refreshing aromatic scent; that the inhabitants of St. Domingo and Martinico, make a syrup of it, which they use against disorders of the breast, and that the bruised leaves are good in wounds and cuts, whence it is called by the French "*Herbe à Charpentiere.*"]

[VERBENA JAMAICENSIS.

Vervain.

DIAND. MONOG.

PERSONATÆ. *Lin.*

It has very little more than an herbaceous taste, joined to a very slightly bitter one, which is only perceptible after a short time. It is, however, in very general use among the lower orders, and negroes on many occasions, and there is scarcely a disease in which it has not been employed by prescribing old women. The expressed juice is administered in Dysentery and Diarrhoea, and tea drawn from its leaves is recommended as refrigerant and cooling in febrile affections. . . . Miller observes, on the authority of Sloane, that "it is much used in clysters for the bellyache, and by some in poultices with onions, for the dropsy. A decoction of it with or without lime roots, drank very warm, is counted a powerful sudorific, and good in the dropsy. It is much in repute among the Indians and negroes for the cure of most diseases."

Dr. Wright says that a tea or strong decoction of Vervain, is in frequent use as a cooling laxative, and a teaspoonful of the expressed juice of bruised Vervain is a smart purge.]

The above plant belongs to the order *Verbenaceæ* and genus *Stachytarphita Jamaicensis*, in Lindley's natural system, and although considered by Collyns as "inert and inoffensive," because wanting in the "sensible marks of smell and taste," has been long known amongst old nurses in the island of Grenada as a cooling purgative, and efficient febrifuge and anthelmintic. This is also the *Bervina*, said to have been found efficacious and a specific for the Yellow Fever, which raged so violently in Venezuela in 1853.

[VERBENA LAPPULACEA?

Burry Vervain.

DIAND. MONOG.

PERSONATÆ.—*Lin.*

This plant is found on stony waste places or among bushes; and seems to possess some astringent powers and is used as a vulnerary, perhaps not altogether without advantage. A decoction of the leaves and younger branches has been recommended in Diarrhœa and Dysentery. . . . Browne observes that "in the West Indies it is reputed a fine vulnerary and subastringent, and is commonly applied to bleeding wounds in cattle in the country of Jamaica, where it is thought to be so powerful a styptic or astringent as to stop the hæmorrhage even when some of the more considerable arteries are cut, and it may be esteemed an excellent application in all cases when the habit is relaxed."

In Jamaica it is known by the name of *Styptic or Velvet Bur.*]

I take the V. Lappulacea, about which Collyns had some doubts, to be identical with "*Priva lappulacea*," Gen *Verbenaceæ*.

[PIPER ADUNCUM.

*Rock-bush—Hooked spiked
Pepper. Miller.*

DIAND. TRIGINIA.

PIDERITÆ.—*Lin.*

This is a pretty looking shrub and very frequent in the gullies. It is thought by many to be a good alterative, and recommended as such in cutaneous and other diseases where that class of medicines is necessary. It has been highly extolled as a cure for Leprosy.* I have seen it tried for a long time in a case of that unfortunate disease but without any benefit. It appeared to have as little efficacy as every other remedy which had been used in that malady. In Miller's dictionary it is said to be a native of Jamaica, where it is called "Spanish Elder," as also of Barbados, St. Domingo and the Caraccas. This plant is known to the lower class of inhabitants by the name of the Elder bush.]

*Tubercular elephantiasis, allied to the anasthetic elephantiasis of Hindostan, described by Dr. Robinson.

[MORÆA PLICATA.

Bloodworth.

TRIANDRIA MONONGYNIA.

ENSATÆ.—*Lin.*

This is a handsome bulbous plant. It appears to possess some diuretic powers and is in very frequent use as a remedy for cattle and horses in cases of inflammation and obstructions of the urinary passages, or as the Farriers of the colony called it, for the “red waters.” The bloodworth appears to have been introduced into this island, as I have never found it far from the habitations of men. Hughes, however, has given it as a native, and observes that the root, pounded, is an excellent antidote against poison.]

[COMOCLADIA INTEGRIFOLIA.

Mastic Tree.

TRIAND. MONOG.

TEREBINTACEÆ.

This is a handsome tree of a lively green and with a bushy head. The bark has an austere astringent taste, and abounds with a juice which leaves a ferruginous stain on linen and discolors the hands on examining it. The fruit is eaten by the negroes and has a sweetish rough taste which is not inviting. It is at this time not frequent in this island, but must formerly have been in great abundance. The Mastic tree is generally found growing among rocks or cliffs or in gullies, but from its extreme hardness is very slow. Dr. Wright observes “that the bark of the yellow mastic has an extraordinary taste, somewhat like ardent spirits, but more permanent; as on chewing the smallest bit, one cannot get the taste out of the mouth for some hours. The bark retains its pungency when dry, and perhaps may be found a useful medicament in lethargic and paralytic diseases when stimulants are indicated.” I am not certain that Dr. Wright means by this tree his *Pubescens*, as there is no species of that name in the later systems.]

I am inclined to believe that this tree belongs to the Sapotaceæ of Brown and is the “*Bumelia Mastichodendron*.” It is, however, related to a species of *Comocladia*, growing in Cuba, in the vicinity of Trinidad de Cuba, which is a plant worthy of investigation from the terrible energies of its physical properties. Called *Guao* by the inhabitants, it is thought to be fraught with hazard even to touch the tree, or to sleep under it. The sap exhales a strong odor of

sulphuretted hydrogen, and stains linen and the skin of a very durable black color; while the inflammatory effects upon the living organism are said to be very violent.

Lunan in his *Hortus Jamaicensis*, describes this tree, which is also found in Jamaica, as having—"juice milky, glutinous, turning very black, not to be washed from the skin or cloth. If the tree be ever so slightly wounded, it has a strong smell of dung. The natives have a notion that it is dangerous to sleep under it." Vol. i. p. 476. It is probably the *Comocladia propinqua* of Humboldt's *Nova Geneva*.

[FAGARA TRAGODES.

Fingrigo or Savin Tree.

Prickly-leaved Fagura.

TETRANDRIA MONOG.

DUMOSÆ.—*Lin.*

This is a handsome bushy shrub. It is met with in gullies, more especially those nearer the sea-coast. The leaves, dried in the sun and finely pulverized, are given to horses in doses of a tablespoonful, sprinkled over their corn or oats. They are said to be a good stomachic, and to assist the appetite and digestion, when they are weak in those animals. They are also thought in this state to destroy the botts, (the larvæ or caterpillars of *Æstrus Hæmorrhoidalis*, which are lodged by the parent fly in the rectum of these animals,) with great success and certainty. The leaves have a bitter taste, with some degree of aromatic pungency, and may perhaps, be useful in both cases. They are in very general use in all parts of the island, the propriety of which has the sanction of long experience. The bark gives the same taste as the leaves, I think in a greater degree. A decoction of this plant is in use among the lower classes as a diuretic in dropsies.]

This is the *Zanthoxylum tragodes* of De Candolle, *Diæcia*, Pent:—

[PATHOS VIOLACEA :

Rock Balsam.

Violet-fruited Pathos.

TETRAND. MONOG. :

PIPERITÆ.—*Lin.*

This plant is found among the rocks in the gullies; is sometimes parasitical, but found often at the root of old trees. It is in very general use here among worthy old ladies of the lower class, and negroes, as pectoral in coughs, old catarrhs and pulmonary cases, nor is it without its advocates among the apothecaries. The plant

is succulent and mucilaginous with a slightly bitter taste which is not permanent.

[PAVETTA PENTANDRA :

Fire-burn bush.

TETRANDIA MONOG. :

STELLATÆ.—*Lin.*

This shrub is common in waste places. The berries and seeds resemble those of the coffee, but are smaller. It is considered among the lower class of people as an alterative, and used by them in cutaneous diseases where those medicines are thought necessary. It is administered in infusion, and many persons besides the negroes, drink it sweetened as a tea, which they say is pleasant as well as wholesome. It appears to be nearly allied, both to *Psychotria* and *Coffea*, perhaps from having five stamens, it ought to be carried to one of them. Swartz has carried it to *Psychotria*.]

* [HELIOTROPIMUM INDICUM :

Wild Clary.

Indian Turnsole.

PENTANDRIA MONOGYNIA :

ASPERIFOLIÆ.—*Lin.*

This plant is very common in every part of the island, and is used as a vulnerary by the lower classes. It appears to possess little beyond an herbaceous and mucilaginous taste. It is frequently administered to cows for the purpose of promoting the expulsion of the after-birth, by the old women who have the care of them. The bruised leaves are occasionally applied to cuts or burns. I have heard many apothecaries recommend it in many cases, particularly in complaints of the bowels, but I believe the more intelligent of that profession pay little attention to its medicinal exhibition. I have lately heard of its administration in cases of erysipelas. My opinion of its propriety in such affections had been asked by a friend on this occasion, but as it did not tend much to its recommendation, it was not resorted to. It furnishes, however, a proof of the practice.]

[TOURNEFORTIA VOLUBILIS :

Soldier's Bush.

PENT. MONOG. :

ASPERIFOLIÆ.—*Lin.*

This is a voluble shrub, attaching itself to others by the reflexed petioles. It is one of the officinals of the island which seems to be in more general use as a vulnerary and cleanser of foul ulcers,

although it shows no active powers by the common tests of taste and smell. The beaten leaves are applied to the affected part in the form of a poultice, or the expressed juice absorbed on lint, is frequently used in the same way, with or without the addition of alum. I have seen very quick and beneficial effects from its application. It is in frequent use among those negro practitioners, who undertake the cure of old inveterate ulcers, which the inattention of the apothecary has suffered to become almost hopeless. To the credit of these coloured people, who are generally females, many extraordinary cures are effected by their care and attention, after these ulcers have been abandoned as desperate by the white and more instructed medical superiors. The shrub is very frequent in every part of the island. It is the "*Tournefortia Maculata*" of Jacquin. I think it worthy the attention of medical men.]

[CONVOLVULUS BRAZILIENSIS : *Sea-side Vine.*

Brazilian Bind-Weed.

PENT. MONOG.:

CAMPANACEÆ.—*Lin.*

This plant is never met with but near the sea coast, where the long runners very quickly bury themselves in the sand, and send up erect branches. The whole plant abounds in a milky juice, which is acrid and corrosive. The roots have been said to produce the same effects as the Scammony, but more violent in the operation. They have an acrid, burning taste, but I believe, are seldom, if ever, used in this island. I do not find that their purging quality is much known here, and perhaps it is as well, considering the active nature of the plant, that they should remain in that state. The milk which exudes from the stem is thick, glutinous and tenacious. On tasting it, it does not manifest any immediate violent sensation, but after a time, a degree of acrimony is perceived in the throat which slightly affects the salivary glands with a disposition to Ptyalism.

Browne observes, according to Martyn, that this plant is common near the sea at Jamaica, that the whole plant is very milky, and that the root is a strong purgative, and used with success in hydropic cases. He calls it "purging sea bind weed." Dr. Wright observes, that if the milk was collected, a resin like Scammony might be obtained. At present, this root is employed as a drastic purge in dropsy by the common people. A judicious and cautious practi-

tioner, may, perhaps, by well conducted experiments, add a valuable medicine in this plant to the number of officinals. I am convinced from its sensible qualities, that it is possessed of very active powers. Long asserts that the milky juice brought to an extract, affords a Scammony proper for the shops.

[SPIGELIA ANTHELMIA :

Logger-head Weed.

PENT. MONOG. :

STELLATÆ.—*Lin.*]

Although already a valuable therapeutic agent of our *Materia Medica*, the following extracts from Collyns will not be devoid of interest, as corroborative of the pathogenesis and clinical effects of *Spigelia* observed in its homœopathic application. [“It seldom fails to produce sleep soon after it has been swallowed. I have seen children bloated, and with all the appearance of dropsy, from the improper and imprudent use of this weed.”] *See Symptomen Codex*, for analogous symptoms.

[DATURA STAMMONIUM,

Nightshade.

PENT. MONOG.

LURIDÆ.—*Lin.*

The lower class of inhabitants in this island apply the bruised leaves to fire burns, and obtain relief from the application, no doubt from their sedative and narcotic quality.]

[CHIOCCOCCA RACERMOSA.

Briny roots.

Olimbing Snow-berry.

PENT. MONOG.

AGGREGATÆ.—*Lin.*

This shrub is found generally growing on the perpendicular rocks of gullies as well as in marl-pits ; or among other shrubs in the lower lands. It is frequently called gully-root, but there is another plant to which this appellation more generally belongs. The root of this plant has a strong fœtid smell and acrid taste, which burns the tongue, and is permanent. It is in frequent use with apothecaries of this island as a remedy in dropsy, and many of the more experienced and judicious hold it in high estimation in those cases. It is generally administered in the form of a spirituous tincture. From its warm, stimulating taste, I should imagine it would be a powerful diaphoretic given in decoction. If allowed to risk an opinion on its fœtid odors, we may expect to find it useful in nervous and uterine affections. From the apparently austere, sen-

sible qualities of this plant, I think it deserves a fair and candid trial. I have no doubt that on a judicious experiment, it will be found useful as a medicine in many cases, particularly such as require the exhibition of warm sudorifics. Brown observes that, "the root has much the same bitter and acrid taste as the Seneka snake-root, and has been used as a strong resolute and attenuant; it is administered with great success in obstinate rheumatisms and old venereal taints; nor is it entirely useless in spina ventosa."

He remarks a variety of this plant which is scandent. It was also observed by Swartz.]

[SOLANUM NIGRUM.

Gumma Bush.

PENT. MONOG.

Garden Nightshade.

LURIDÆ.—*Lin.*

This plant is very frequent in every part of the island. It is common in England, where it seems to be perfectly at home, although Miller is of opinion that it was introduced from America. The European plant is supposed to possess very strong, and even deleterious qualities. It is said to promote urine and perspiration to a great degree, administered in so small a quantity to the dose as one or two grains of the dried leaves, infused in boiling water, and to be very foetid and strongly narcotic. It is observed by Martyn, that "taken in too large a quantity, it occasions violent sickness, with headache, giddiness, drowsiness, and other dangerous symptoms. In short, its effects on the nervous system are so uncertain and sometimes so considerable, that it must ever be administered with the greatest caution." He adds, "there is little doubt of the plant and berries being both poisonous, though some persons have eaten of them without any bad effects following. The leaves," he says, "are applied externally to abate inflammation and assuage pain, and with the Arabians it is a common application to burns or ulcers." If these accounts be true, the plant is certainly much changed in its nature by the influence of a cold climate. From its inert powers in this Island, I should be led to suspect that the inoffensive native of this Island was not the same with the European plant, did I not recollect to have seen it in England, and perfectly recognized it in our native plant. Martyn has given several varieties, which many English botanists consider as different species until more attentive observations have clearly proved they were mistaken. Having given such

of the European authorities as I thought necessary, we will now extract from the Botanical Dictionary, Browne's opinion of this plant. He observes, "that it is very common in Jamaica, in the low lands, and seldom rises above two or three feet high from the root; it has none of the smell and narcotic quality of the European nightshade, and it is daily used for food—being found a pleasant and wholesome green. There is little difference between the European plant and this, except that the former seems to grow more luxuriant and twiggy." He calls it according to Martyn and Swartz the "*branched calalce*." Mr. Bromefield, an eminent and experienced surgeon, made some experiments with this plant, but the effects did not answer his expectations, and from his observations it seems to have escaped further notice. Its powers have probably been exaggerated from the idea of its belonging to the Lurid order of plants.]

[SOLANUM IGNIUM. *Berry bush. Red-spined nightshade.*

This is an austere, bitter plant, and possessed of some degree of astringency. The expressed juice from the pounded leaves is used by the common people and negroes in cleansing ulcerated sore throats in children, or in cases of infantine thrush. It is also one of the numerous remedies used by the negro practitioners as an escharotic in cleansing foul ulcers with or without burnt alum. It generally obtains the name of "canker berry" in Jamaica, probably from its application in ulcerous affections of the throat and mouth. The berries are intensely bitter and austere; yet unpleasant as they are, I have seen children and negroes eat them very freely. They are supposed by many persons to destroy worms. It is frequent in all parts of the Island.]

There are other members of the genus *Solanum* growing in Barbados, to which Collyns does not ascribe medicinal virtues. *S. lycopersicum*, *S. mammosum*, *S. nigrum*, (*S. mammosum* is indigenous) have already been partially proved. See *Jahr's Symptomen Codex*. Collyns is sceptical as to the medicinal properties of *S. nigrum*, and particularly doubts the existence of any in the plant of tropical growth. A want of correspondence in qualities, between the European and Tropical vegetable in question may, however, arise from different parts of the plant having been experimented upon in the two regions:

for we know that in the same great natural order of the *Solaneaceæ*, the leaves and berries of *S. tuberosum*—the potato, are narcotic, while its tubers are wholesome when cooked. That soil, irrespective of climate, has influence on the physical properties of vegetables is also acknowledged.

TO BE CONTINUED.

CLINICAL CONTRIBUTIONS.

BY J. H. MARSDEN, A. M., M. D.

CASE OF INTERMITTENT TREATED WITH CANCHALAGUA.

THE Canchalagua has recently been recommended to the Homœopathic medical profession as a valuable remedy in intermittent, by Dr. Richter of New York. (See North American Homœopathic Journal, No. XII., page 532.) The proving he has given us of this plant, made by him, as he tells us, under unfavorable circumstances, is necessarily defective. Clinical observations, therefore, on its employment are the more necessary and important, to ascertain its sphere of therapeutic action. I am fully aware that the result obtained from a single trial, however brilliant it might be, would go but a very little way with the reflecting, in determining the *comparative* value of this remedial agent; and I am very far from thinking that we are to expect from this or any *one* remedy, success in the treatment of every case of intermittent. Our knowledge of the action of medicinal substances, imperfect as it is, of the idiosyncrasies of the human organism, and of the protean character of disease, forbids us to look for an infallible specific for all cases of the malady, popularly termed ague. There is no specific for a mere name,—a general term.

Intermittents, originating in this county, are of late years very rare. I have treated two such cases during the past autumn, and this is an unusual number for one season. In the large proportion of the cases which fall into my hands, the disease has been contracted elsewhere. The patient had visited a malarious district, generally upon the Susquehanna river, and it may be, tarried but a night, but brought home with him the germ, which in a few days expanded into the well marked disease. It is a fact of which I have evidence in my own person, that the morbid impression made by

marsh miasm upon the human system, may lie dormant even for weeks, and afterwards, by some untoward circumstance, be developed into active disease. When a student, at Dickinson College, Carlisle, I was in the habit of occasionally riding over to Harrisburg on Saturday and remaining there until Monday morning. One of these visits I had made some two or three weeks before the close of the session, in the summer of 1824, at which time I returned in good health, to spend the vacation with my friends in this county. A day or two after my return I got wet from a sudden shower of rain, when I was out upon a fishing excursion, and was attacked with a very severe intermittent. I had been thoroughly drenched with rain many times before, as I have been since that period, without experiencing like consequences. Nor was there any case but my own of intermittent, in the neighborhood, at the time I suffered, prior or subsequently, that season; nor did I know of any having taken place at Carlisle before I left—that town has, I think, been remarkably exempt from the disease. I will only add, that sad experience has since proved me to be very susceptible of miasmatic influence, when exposed to it in a malarious district.

But to proceed with the details of our case:

Oct. 28th, 1854, I was called upon by a youth, who stated that his father, G—— F——, had been afflicted with intermittent fever for a long time, and wished me, if I thought I could do any thing for his relief, to send him some medicine. The information I obtained was very unsatisfactory. I sent Nux in salt, which with me, notwithstanding what has been said against it, has, in a number of cases, proved speedily efficient.

Nov. 1st, 10 o'clock, A. M. Called to see the patient, and found him, according to the statements of his family, no better. He is a farmer, apparently between forty and fifty years of age, having black hair and eyes, and dark complexion. He seems to be of a melancholy temperament, and is of a family decidedly disposed to insanity. He was, at the time of my visit, in the febrile stage of his paroxysm, the chill having come on between seven and eight o'clock. Mind greatly confused, and ideas very incoherent; complained of severe frontal headache; said his head felt as if broken to pieces, as if he could take it all apart; had great oppression at the stomach, with nausea; felt as if a foreign body were lodged there, which, if he could reach, he could draw out; appetite very

bad; very despondent; despairing of cure. The skin was not much above the normal temperature, and the pulse but little excited; drowsy during the fever. He said that about an hour before the accession of the chill he began to experience very severe pains in the arms, but especially in the lower limbs, apparently in the bones, which, during the chill, became almost insupportable, and continued, with diminished intensity, however, through the succeeding stages of the paroxysm, until lost in the slumbers of the following night, to be renewed again early the next morning. The fever was uniformly followed by very profuse and long continued perspiration. Thirst very urgent, but existing only during the cold stage. Bowels regular; tongue clean; taste natural. The type appeared to be a double tertian, for although the commencement of the paroxysm every day was at nearly the same hour, yet its intensity every other day was much greater than on the day preceding. He described his chill as a sensation of coldness running along the spinal column, and during its continuance was much disposed to keep near a hot stove. When speaking of his pains, I should have added that his wife informed me he had been in the habit of complaining occasionally of what I supposed to have been rheumatism, or neuralgia in his limbs.

As I entered the room at this, my first interview with the patient, I found him laboring under a very severe fit of coughing, which continued as long as I remained in the house. Upon inquiry I learnt that this was the third daily paroxysm of the kind he had experienced—that it still came on about the commencement of the hot stage, and ceased almost entirely in the afternoon. His wife told me that upon receiving the medicine I had sent, she thought the doses “too small to do any good,” and had prepared the solution of double the strength I had indicated. She was, of course, sternly reprimanded for such improper interference with my prescription.

The history of the case was as follows: the patient had visited New Cumberland on the Susquehanna river, some time in the month of August, where he had remained over night, and was attacked with intermittent shortly after his return home. At the first onset the disease was, I think, of the simple tertian type. The physician who ordinarily attended the family succeeded once or twice in suppressing the paroxysms for a few days by the use of Quinine. This

finally did no good and another remedy was resorted to, which was equally inefficacious. The patient then applied to one of our best Allopathic physicians in this county, who sent him sundry roots, a decoction of which it was confidently believed would cure him. This decoction was prepared and all taken, notwithstanding its bitterness, which was spoken of in terms expressive of the utmost loathing and disgust, but the disease was not in the slightest degree meliorated. It was at this juncture of affairs that Homœopathy was appealed to as a last resort. The patient had now had a paroxysm every day for several weeks, and, as I before stated, despaired of being cured. I prescribed *Arsenicum album*, a dose to be taken every three hours.

As G—— F—— lived several miles distant from me, I did not again see him until a few days had elapsed. At our next interview, I found his paroxysmal cough had begun to yield very shortly after he commenced taking of the last medicine, and had now almost wholly left him, but in other respects his condition was no better. It was at this time I first noticed considerable œdematous swelling of the feet and ancles, extending, as he said, some distance up the legs, but whether it had existed in some degree at the time of my former visit, I cannot tell; the patient himself had not observed it until within the last two or three days.

The despondency of the sick man was now so great that it required all my address to rekindle in him any degree of hope. Some of his kind neighbors had called on him to say that I could not cure him; some had even volunteered their own valuable services as medical attendants, being very positive that the remedies they proposed would relieve him, and that in a short time, for they had *heard* or read in the *newspaper* that they were *certain* cures for ague. One of his former physicians himself, had stopped, not at his house, (that would have been a professional indelicacy,) but at a smithshop close by his door, *to get his horse shod*, and, *accidentally*, while there gave it as his opinion (of course not wishing the patient to hear it,) that he would not get well until the season would become cold, in six or eight weeks.*

* I have understood that since G—— F—— has recovered, this gentleman asserts that he was cured through the influence of cold weather. If heat were the sole cause in producing and sustaining intermittents, then cold, which, in our present state of knowledge, we regard as the absence of heat, might prove curative in all

All these opposing influences, the reader will easily perceive, added vastly to my chances of curing my patient through the power of imagination—the homœopath's sole prerogative. By the way, imagination, as a therapeutic agent, very much resembles the elephant in battle—quite as likely to turn upon its friends as its enemies. I cannot believe any man of sense or science, when well acquainted with facts, sincere in his attempts to explain our cures by invoking the power of that shadowy thing, Imagination. What truly sick man ever imagined himself well, or even better, and continued under this delusion until he actually recovered, or contributed in any considerable degree to his recovery by such hallucination? I have seen, it is true, men deadly sick, fancy there was nothing the matter with them, but I have regarded it as a very unfavorable prognostic, and have usually found it so—often the precursor of death. Away, then, with that miserable pseudo-philosophy which seeks to explain, by nonsensical pratings, what ignorance or prejudice will not permit it to understand.

After spending half an hour or more in an almost abortive attempt to reason my patient again into confidence, I left Ignat. amara and Carbo vegetabilis, to be taken alternately, and retired.

At the interview just detailed, in order to inspire my patient with the hope of recovery, and in reality wishing to try the effects of a new remedy, I told him that I designed to send to Philadelphia for a medicine which I had not then in my possession, and which I trusted, should the present means fail, would relieve him; but that I could not possibly receive it for several days. I had in view the Canchalagua, of which I had seen a notice in the North American Journal of

cases of that disease. But practically we find this not to be so; for a case not far distant from mine, which, if I am not misinformed, was under the treatment of the physician here referred to, persisted, notwithstanding the cold asserted to have cured my patient. It would seem, therefore, that with regard to this, as every other curative agent, there must be special conditions surrounding the case, to invest it with healing power—the principal of which, I presume, to be that the patient be under Homœopathic treatment.

How large a dose of cold is sufficient to cure a case of intermittent, I believe we are nowhere informed. As some, however, deny the efficacy of small doses in general, to be consistent, they ought to extend the denial to this agent as well as others. They ought not, therefore, to admit that my patient could have been cured by the small doses of "cold" he had taken, since the thermometer, during his treatment, did not descend much below the freezing point, and he confined himself, for the most part, to a room heated considerably above the temperature I desired.

Homœopathy, as cited on a former page. Messrs. Rademacher & Sheek very promptly responded to an order for a small quantity of that drug, and at the earliest day I had named, I was enabled to appear at the bedside of my patient, vial of tincture in hand, and thus prepared for further assault, if necessary, upon the hitherto too securely entrenched foe. This visit was made—

Nov. 18th, 1854, 11 o'clock, A. M. Found the patient in the febrile stage of his paroxysm, bitterly complaining that he was not yet cured. His mind was more sane than when I had last seen him in the fever, and he admitted that his chills were not so severe, but in other respects he said he was no better. He was quite as desponding as I had at any time before seen him. I told him I had received the medicine, of which I intended to make a trial, and in whose efficacy I expressed strong confidence, to revive, if possible, his almost expiring hopes. I thought it not wrong to assert the prerogative of the Homœopathic physician, which his brethren of the other school so freely accord to him—to call to my aid the imagination of my patient, if such an element were to be found in his nature. I procured a tumbler of water, dropped the medicine (it was the mother tincture,) with due formality, so that each teaspoonful of the mixture should contain one drop of the tincture. I ordered a teaspoonful to be given to him every hour till late bedtime, the succeeding night, after that to be discontinued till four or five o'clock next morning—then a teaspoonful every half hour until the accession of the chill, or the time when it usually came on. Having given these directions I was about to depart, fondly trusting that I was leaving my patient in high hopes of a speedy recovery, although his countenance had certainly given me no reason to believe so, until I was accosted, “Doctor! I will take this medicine until to-morrow morning, and then, if I am no better, I will take no more.” “Then,” I answered, “if you will take it no longer than you say, I do not wish you to take it at all.” “How long,” continued he, “do you wish me to take it?” “At least until next Wednesday,” I replied, (it was now Saturday,) “and if you are no better by that time, you shall afterwards see neither me nor the medicine,” for I was by this time getting heartily tired of it. To this latter proposition he readily assented, and I went on my way.

Nov. 19th, 3 o'clock P. M. Again called on G. F., and on entering the room was greeted with a hopeful smile. He told me his

paroxysm on that morning had been very slight; not amounting to a chill—only some pain in his limbs and feelings of general discomfort—had no fever and felt better that afternoon than he had for a long time before—he had now had paroxysms every day for at least four weeks.

Finding he had used nearly all the medicine I had mixed, I prepared some more in the same manner, directing him to use first the remainder of what I had left the day before, and to take the doses at lengthened intervals.

Nov. 21st, 10 o'clock A.M. Found my patient in the field superintending some work. On the morning of the 20th had had some feeling of general discomfort at the usual hour—this corresponded to his severer paroxysm—but on this morning had entirely escaped. His wife told me that the mixture I had made day before yesterday had become somewhat turbid, but supposing the disease already vanquished, and having through an accident lost part of the medicine sent me, I did not, at the time, think it necessary to renew the mixture. Doses to be taken at still increased intervals.

Nov. 24th. Called to inquire after the patient, when to my surprise and disappointment, I learnt that on the morning of the 22d he had experienced a return of the chill—a slighter one on the morning of the 23d, and a severe one this morning. It at first occurred to me that he had perhaps been overloading his stomach with indigestible food, but his family assured me to the contrary. I afterwards recollected the circumstance of the medicine having probably deteriorated by being kept in too warm a place, and on inquiry was told that it had become quite turbid, and that the last doses had nauseated his stomach. This circumstance, at least taken in connection with the lengthened intervals, sufficiently accounted for the failure. I had not any of the Chanchalagua with me at this time, and left Eupat. per. as the only article I could then command, at all likely to do him good, and of this, I confess, I had but little hope, I was willing, however, to watch the disease for a day or two, under this treatment, with a special object in view.

Nov. 26th. Returning home a little before dark, I found the son of my patient at my office. Through him I learnt that his father's disease had again mounted up to its original intensity, that he had had a very severe chill that morning, this day corresponding to his severer paroxysm.

I dropped out the remainder of my Canchalagua, and to every drop of the tincture I added four of pure alcohol—shook thoroughly and ordered five drops at a dose—corresponding in quantity to one drop of the mother tincture. This I did because I knew the patient would have no faith in a single drop, and because I feared ten drops of the decimal dilution might be too much alcohol for his exceedingly perturbable brain, when repeated at very short intervals. He took two doses that evening before bedtime, at intervals of an hour—then discontinued and commenced again at 4 or 5 o'clock in the morning, taking the doses at intervals of half an hour until the usual time of the chill. These particulars I learnt at my next visit.

Nov. 29th. On inquiry ascertained that the patient has had no chill since I last sent him medicine on the evening of the 26th. The following morning felt a trifling discomfort, but nothing since—says he feels better than he has done for many weeks—has still been taking medicine every hour through the day up to this time. His family had led him to believe that the last medicine I had sent him was not Canchalagua, but something else, fearing, as they said, that if it failed to help him, knowing it to be that on which he placed his last reliance, trifling as it was, he would abandon all hope. I discovered by some remark I made that he was in utter ignorance of what he was taking up to the moment when I accidentally made the disclosure to him.

Dec. 23d, 1854. To-day I called upon G. F., the patient of whose case I have here given the details. He says he has had no paroxysm nor any symptom like it, since I last saw him—feels well, excepting somewhat weak—his appearance is that of perfect health.

Perhaps I have already extended this paper beyond reasonable limits. My apology is what I conceive to be the unusually interesting character of the case. I have treated a considerable number of patients in intermittent fever. I have seen very many suffering under its baleful influence and I can feelingly say with the poet,

“Atque utinam numero ne nos essemos in isto,”

but I remember no single case which affords stronger corroborative proof of the truth of the following propositions—propositions laying no claim in this place to originality, but not on that account the less important:—

I. In order that a remedy prove radically curative in any given

case of disease, it must sustain a specific relation to that individual case.

The remedies which I employed in treating G. F., prior to Canchal., except perhaps the two immediately preceding it, made not the least impression upon the disease. Yet these same medicines I have often used with the most happy results in cases apparently as bad as his. What then but its peculiar relation to the individuality of this case of disease caused this medicinal agent to exercise such a control over it as, in a single night, to disarm it of its violence and almost to annihilate its existence? Yet, doubtless, a more extended experience with Canchal. would prove, that where it is not peculiarly adapted, that is, where the requisite peculiar specific relation of the medicine to the disease does not exist, it would prove equally powerless, while perhaps some other medicament would brilliantly succeed.

II. Where the remedy sustains the requisite specific relation to the case under treatment, the dose may be *very small* and yet effectual.

Several eminent physicians, not of the Homœopathic school, seem to have got a glimpse of the truth of this proposition. Thus, Dr. Watson, after speaking of the doses of quinine he was accustomed to use in the treatment of ague, (2 or 3 grs. every four or six hours,) adds, "I think it not improbable that my patients would have been cured quite as soon, if I had given the remedy in half the strength. Dr. Barker, of Dublin, has found small doses equally effectual with large ones, and this is very likely to be the case with *specific* remedies." Dr. Jackson states of the spider's web, that "its influence is not in proportion to the quantity administered and that he obtained the same effects from ten as from twenty grains." Yet in all probability none of these gentlemen ever ascertained by a series of experiments the smallest curative dose, nor perhaps ever dreamt that it is so exceedingly minute.

In treating the case under consideration I used the Canchal. in doses of one drop of the mother tincture, in no instance exceeding it—generally at intervals of one hour through the day—never shorter than thirty minutes. From the speedy effects I obtained, I believe a much smaller quantity would have cured; but how much smaller I cannot tell. Whether the tenth or the ten thousandth dilution, would have done as well I do not certainly know, for facts

alone can enable us rationally to decide such a question. Of such facts I am not at present in possession, and in their absence I am strongly inclined to the negative of the question. But a single drop constitutes a small—a *very small* dose. Suppose the mother tincture I used, prepared according to the usual formula; then one drop of the tincture when first made contained but half a drop of the expressed juice of the plant. This half drop of juice was made up of sundry ingredients. A very large proportion of it was water, as inert as that which falls as rain from the clouds, or distils as the nightly dew. Again there was albumen, which was precipitated—probably, however, abstracting also a portion of the alcohol in chemical combination with it. Then there was colouring matter, most likely unmedicinal, &c., &c. After deducting all these inert ingredients, the active medicinal portion of the half-drop of juice still remaining, would be indeed very small when weighed in the balance. Could it be the hundredth of a grain, or would it be more than the thousandth? I believe this latter fraction more nearly approximates the truth. Yet small as it was, it beautifully accomplished its mission, and who can tell how much smaller it might have been, and yet have done the same.

Some one, slow to believe, may perhaps say—ah, I understand it all perfectly—your patient's wife probably took the like liberty with your last medicine as with your first, and gave it upon her own responsibility in more rational doses.

To be certain that there existed no source of fallacy of this kind, I have to-day (Dec. 23d,) interrogated her upon this point. She unhesitatingly declares that she always administered the doses as I directed, except in the case of the first medicine sent. Her testimony as to facts within her personal knowledge, would, I believe, be taken in any court of justice as evidence in a legal investigation. Her first error she frankly confessed of her own accord—nay, made it a matter of conscience to tell me of it.

I presume from the extreme rapidity of the cure, few will have the hardihood to say, that a larger dose would have done *better* than that prescribed. For my own part I am inclined to believe that where *large* doses of any remedy are required for arresting an intermittent, such remedy is really not *the* specific, and had better be replaced by another more nearly related to the individuality of the case in question.

III. That it is idle to undertake to account for all cures, alleged to have been performed through minute doses by invoking the powers of the imagination.

From the foregoing statements, it will, I think, sufficiently appear, that no such power could have aided in the recovery of the patient under consideration. I always found him desponding when I visited him, and sometimes could only, with the greatest difficulty, persuade him to continue the use of my prescriptions sufficiently long to give them a fair trial. Whatever might have been his secret hopes of cure, when he first took Canchalagua, and if he had any they were unexpressed by word or look—when he took it in the second place, he could have expected no more of it, than he had done of the previous remedies which had failed, for he was in profound ignorance of what he was taking—nay, made to believe he was taking something else, without any assurance of its likelihood to cure him. He has since told me, of his own accord, that he had given up all hopes of my succeeding in curing him. In both cases, however, the administration of the last remedy used was followed by results most striking and satisfactory. In one view of the matter I exceedingly regret the oversight in permitting the medicine to deteriorate and my patient to rely upon it in this worthless condition, for it entailed upon him several days of additional suffering. But in view of the valuable inferences which the accident furnishes, I can scarcely be sorry that it happened. If imagination had been the curative agent in this case, it ought to have operated most efficiently on those days when the powers of the medicine had been, perhaps, annihilated by chemical changes, and while he was yet regularly taking it, for he had already, apparently, derived much benefit from it, to encourage him. He did not, I believe, at all suspect that the medicine had lost its virtues by the change which he perceived it had undergone, and I think I did not express my belief of that fact, in his presence, till after his cure—certainly not when it was first noticed. But instead of the imagination at this juncture, even carrying on the cure already well begun, the moment the medicine lost its power, his condition grew worse, until it was apparently as bad as at any former period. Again, when he began to take the remedy fresh and in possession of its healing virtues, improvement immediately set in, and rapidly progressed to perfect cure. From a view, therefore, of the facts of this case, it appears to me that any

one, who can deliberately deny to the remedy last given, the agency of the cure, possesses too little of common sense, and aptitude for scientific investigation, to be seriously argued with, or is too thickly encased in his prejudices, ever to feel the force of truth, with whatever power it may fall upon him.

EDITORIAL.

“WAR, CHOLERA, AND THE” MINISTER “OF HEALTH.”

IN all great and popular reforms, as in all great national revolutions and convulsions, it is usual for the reformer to assume the aggressive, to besiege the forts, to batter down the walls, and attack the strongholds of Old Fogysm, which being thus assailed in front and rear, is compelled to marshal its forces, to strengthen its defences, and prepare itself to resist as best it may, that restless spirit of progress, or of change, which, if left to itself, might go on reforming and re-reforming, until truth and error, right and wrong, good and evil, were mingled in one universal indiscriminate chaos.

It is sometimes the case with reformers, as with nations, the Sebastopol they have besieged, has defences of which they are unaware, the strong walls stand too firmly to be broken by their light artillery. The marshaled hosts of the enemy assume a courage and a prowess of which they were not supposed to be possessed, and it not unfrequently happens, that even truth, for a while, appears as if repulsed, is obliged to succumb, and to submit for a season to the iron rule of a brute force, or of a despotic and an arbitrary power.

This resistance, however, to the spirit of progress, this contest between truth and error, these convulsions by which the world of mind, or the world of matter, seem shaken as it were from its lowermost foundations, only serve to render the truth more gloriously triumphant; as they also sift out and destroy, and scatter to the winds, any forms of error and falsity, with which the imperfectness of human reason, or human sense, is too often wont to encumber and invest the simpler and purer forms of truth and duty.

The courageous assault is the spirit of reform; the manly and vigorous defence is the spirit of conservatism. When conservatism becomes blind and will not see, deaf and will not hear, dumb and will not speak, halt and lame and will not step one foot forward, but stubbornly, doggedly, stands

in its own beaten path, it has been dubbed Old Fogysm ; which entrenched in its own cold walls of stone, the almost impregnable Sebastopol of its impenetrable immovable and resisting force, would, rest forever overhanging the sea of life, an incubus in the way of progress, were it not for the red hot shot of truth, poured forth constantly from the cannon and musketry of reform, which wake Old Fogysm to life, cause it to shake itself from its ashes, and not unfrequently batter down and burn its house around its head.

Homœopathy is from its nature identical with the spirit of reform, allopathy with the spirit of conservatism. The mission of homœopathy is from necessity aggressive, the mission of allopathy is conservative or defensive. Homœopathy is expected to act in the offensive, allopathy will no doubt exert herself to defend. And as the contest wages and the combat deepens, there will no doubt be many fluctuations of success, many apparent cessations of hostilities, as well as many reverses to the right, and perhaps partial defeats. Whilst here, in Philadelphia, we have been enjoying our "cum otio in pace," until our enemy has been almost emboldened to attack us in our entrenchments, and has vainly imagined he could storm our very camps, our brethren in England, are, it seems, making vigorous assaults upon the old forts and fortifications, upon the strongholds of the enemy, and planting metal of heavy calibre, artillery and field pieces of extraordinary and incomprehensible power, from which they are continually pouring with wonderful precision and skill, a variety of destructive missiles, into the inmost encampments and recesses, in which allopathy has hitherto imagined herself secure.

Our attention has been directed to this subject by having had a work placed in our hands by the publishers, through Messrs. Rademacher & Sheek, Arch Street below Seventh Street, Philadelphia, entitled, **WAR, CHOLERA, AND THE MINISTRY OF HEALTH**, a reprint from the London Edition, by James John Gaith Wilkinson, M. D., author, &c., being "an appeal" (*from the judgment of the doctors, I suppose,*) to Sir Benjamin Hall," Minister of Health, "and to the British people."

This work comprised a pamphlet of 80 pages, large octavo, and is one of the most powerful, curt, and unique pieces of composition, which adorn the medical literature of our language. It seizes the monster allopathy by the horns, and beats him as with some magic wand, until even his lusty bellowing can be heard no more. It boldly and truthfully assumes, that allopathy has no principle or principles ; no science, but is at war with science ; no skill, but has abrogated all true skill, which it should have treasured up and garnished ; no adaptation to times and circumstances ; no ready facilities for distressing emergencies ; no true theories, either of disease or for the administration of remedies ; no plans of investigation ; no rules of

action, applicable to individual or national contingencies; but weak and pusillanimous, it is known only by its offensive odors; its vile stench; its filthy excrements; and by the bloatedness of its own unwieldy carcass.

On the other hand, it proves abundantly, by the most stubborn and incontrovertible facts, that homœopathy has its foundation in principles which are fixed and uniform as the laws of nature, of which they are themselves a part; that homœopathy is consequently a science, and in harmony with all other sciences; that homœopathy not only has true and exact skill in itself, but that it is capacious, to seize upon all the skill and knowledge, upon all the discoveries, either of ancient or modern times, upon the crude specifics of the humble peasant, upon the traditionary cures of primeval ages, and to turn all these things to account, nay, to assign them a true scientific position and importance, so fast as they can be collected, numbered, and placed in their appropriate relations.

It shows that homœopathy is adapted to all times and circumstances, and has ready facilities for every emergency; that it has true theories of disease, and also for the administration of remedies; that it has rules of action and plans of investigation, applicable to both individual and national contingencies: Finally, that it is always powerful for good, convenient for use, as it is simple in application; pure and cleanly, whilst it also purifies and cleanses; preserving health, lengthening life, and eradicating old chronic, and even hereditary diseases.

It boldly recommends as a corollary to all this, that homœopathy be adopted as the medicine of the State; that a homœopathic board be appointed, whose duty it shall be to take upon themselves the supervision of the public health; that the care of the army and navy, the medical and surgical staff, be entrusted to none other than well qualified homœopathic physicians; and that old school medicine, having shown itself utterly incompetent, should be entirely excluded from all the hospitals, and from all public and national charities.

There is something truly refreshing in all this. It is a position homœopathy ought long since to have assumed—a position she ought constantly and urgently to claim—a position which nothing but the inefficiency or incompetency of her sons, can prevent her rapidly from attaining. And the great effort of all true homœopaths should be, to fit themselves, and to fit the profession, for the high mission to which they and it are called, or are being called, to supply the world with a medical science, and a medical philosophy, worthy of the age, and of the faith we have espoused, as well as adapted to the wants of man, to the necessities of life, and the exigencies of health. If the present race of homœopaths are not the men for so great a work, other men will be raised up of more exalted prowess, and inspired with the requisite energy to pursue it.

We have, it is true, a noble array of talent. Of such men as Wilkinson, Dudgeon, Laurie, and others, we may justly be proud. In all parts of the world, good and true men have already been found, to raise the standard of homœopathy, whose labors are now preparing the way for great events, which are yet to follow. In this country, perhaps, as much has already been done as our straitened circumstances, and the brief period of the existence of homœopathy, should lead us to expect; but an intelligent view of the field now open, of the learning and talent required, of the industry, energy, and perseverance which will be necessary for the accomplishment of the work, which our position and responsibilities impose, is sufficient to goad to new life, every individual who is ambitious to be useful, or covetous of fame.

This work of Dr. Wilkinson should be read by every physician, and by a large number of the laymen of our country. It is replete with fact, with anecdote, and illustration, addressed to the commonwealth, and adapted to every capacity. It is a book for the times, a book to make converts, a book to buy and lend, a book to buy and read; and we would recommend to every practitioner to purchase at least one-half dozen copies, and keep them constantly loaned out among the reading portion of his patrons, also a few copies to give to old school physicians of his acquaintance, who may not be too blind to read, or too obtuse of mind to perceive and understand the truth. A dollar expended in this way, may make many converts to the truth, and save many lives, which is, after all, the highest duty a physician owes in a professional point of view, to his country, and to the world.

But this book is also valuable to laymen, that is, to persons not physicians; for whilst to persons but little acquainted with homœopathy, it gives a clear view of the argument, and of the true and just claims of homœopathy to public favor, it also contains a brief system of domestic practice, about as much as a family living in the immediate vicinity of a homœopathic physician, would stand in need of for ordinary family purposes, and withal so clear and plain, that its directions can scarcely be mistaken, and of such value, that I would recommend the publishers, in their next edition, to publish a recapitulation of all these directions, on a separate leaf or leaves, at the close of the work.

A Communication from Dr. C. J. Hempel, in reply to the criticisms of his reviewer, Dr. Geib, was received at too late a day to appear in the present number, but will appear in our next.

AUTOPSICAL EXAMINATIONS.

THE utility of autopsical examinations is considered by many homœopathic physicians as a subject for debate, and the knowledge acquired by such examinations as of very doubtful utility, when applied to the living. And indeed, at first view, there appears no little reasonableness in the objections urged against them. For as in such examinations, results only can be discovered and the lesions produced by disease, or at most, some of the conditions antecedently existing, by which its manifestations are modified, made known, and as results very similar in their appearance, and lesions which, to our observation, must seem nearly identical, may proceed from a great variety of causes, it would appear unreasonable to attempt to make any such morbid phenomena a guide in the affiliation of remedies.

Hahnemann laid a deep and broad foundation for this objection in his theory of causation. The dynamic theory, the doctrine of a vital force and a morbid influence, involves also the idea, that disease can never be discovered by dissections, for it classes all the modifications which are capable of being seen or felt, and even the revelations of the closest microscopical observations, as the resultants, not the causation principles of diseased action. In forbidding us to prescribe for imaginary causes, Hahnemann no doubt referred to the erroneous notions of causation then existing, to the theories of the schools, by which fever, consumption, &c., were regarded as entities, subsisting by discoverable material causes, and curable by some manifest, and perhaps, visible action of some material agency. Hahnemann was too wise to reject the true doctrine of causation, or to separate by any exact line of demarkation, the cause from the effect, but by a careful observation of all the effects produced, that is, of the ensemble of the symptoms, he would lead the mind to discover the secret cause, the concealed disease, latent psora, miasm, or morbid influence, to be removed by the administration of medicine, and the removal of which, is indispensable to the restoration of health.

It is not then to be wondered, that inexperienced and unphilosophic minds, who have engaged at first with too much zeal in these examinations, under the mistaken notion that they were here to discover the hidden fountains of diseases, or the secret sources from which they spring, should turn away at last with disappointment, or even with disgust, when they find that after the closest examination of morbid anatomy, after all the revelations which even the most careful microscopic investigations have enabled them to discover, they are still, as far, nay, even farther, from that hidden fountain, the cause, than when they first set out. They have, in fact, been searching for truth, but they have been searching in the wrong direction.

They have been examining disease in its last results, its ultimate effects, its final termination, and not in its earlier manifestations. As well might one expect to find the lightning in the clefts of the riven oak, or the whirlwind in the shattered roof or fallen timber of a prostrate house, as to trace the cause of disease in any post-mortem appearances. Beginning at the end, they have endeavored to look farther, and seen nothing but vacuity, whilst they should rather have gone backwards, where they might have seen the steps of the progress of the malady, and remarked the history even of its earliest manifestations.

Autopsical examinations then are, to the true homœopathist, of the highest practical importance, or rather, they are not of doubtful utility. The discoveries made to the careful and philosophic student of morbid anatomy, or rather the phenomena exhibited by such investigations when the connections between the appearance of the dead and the living organism are properly traced backward, from an interesting portion of the "tout ensemble of the symptoms," absolutely indispensable to the entirety of the manifestations and symptoms of disease, and although these post-mortem appearances should never exist to be prescribed for during life, as a portion of the symptoms then existing, or at least not precisely in the same form as at death, yet in the Hahnemannian theory of causation, they form a group of phenomena, which the spirit of Hahnemann would rebuke the homœopathist who should presume to neglect.

But homœopathy is yet in its infancy. The true relation of post-mortem phenomena to the progress and cure of disease, will be more perfectly understood, when a more enlightened physiology and pathology shall have displaced the present crude and undigested speculations of the old school of medicine. It may not generally be believed, that the whole system of physiological and pathological science is to be remodeled and reconstructed, according to the principles of an inductive philosophy, and in harmony with our law of cure. When this is done, the knowledge obtained by autopsical investigations, will be poured into the treasury of pathological science, and the utility of such investigations to a correct knowledge of diseased conditions, or of the totality of the symptoms, will no longer be doubted. The affiliation of remedies will become more truly a scientific art, and homœopathic prescriptions will become more uniform and certain, as they are rendered less empirical, by our advancement in the knowledge of the correspondences of disease with the symptomatology of remedies, as exhibited in all the different stages in which the system is capable of being affected by, or of exhibiting the effects of diseased action.

But the utility of autopsical examinations does not rest here. Important as they may be, or may become, to the affiliation of remedies in the investigation and cure of diseases, they have, to the intelligent practitioner of

medicine, many other elements of value, of no trifling import, which should cause homœopathic physicians, if they are ever so unfortunate as to lose a patient who has been for any considerable length of time under homœopathic treatment, to obtain, if possible, that such an examination should be held, and that a careful record should be made of every interesting particular. These records may have a connected as well as an isolated value. They may lead the mind of the profession to a broader and deeper generalization, as well as to a more careful and exact specialization, and thus improve our favorite science in the two great channels to which the immortal founder of homœopathy has wisely restricted our researches.

Another object to be obtained by these investigations is *faith*—intelligent, understanding faith. If, in the administration of medicine to the sick, our efforts are baffled, and death take place notwithstanding our exertions,—if remedies do not produce their wonted influence, and it seem, as it does at times seem to the physician, as if nature had reversed her laws, and were acting by some arbitrary impulse,—when all science is at fault, and hope and expectation have failed, an autopsical examination will often prove to the physician a star of light, pouring its brightening effulgence into the darkness of his mental vision. Shall a physician, under such circumstances, abjure his profession? Shall he determine that nature is capricious, her laws uncertain, and arrange all his failures in the chapter of accidents; or shall he seize upon some allopathic text-book, as their books on physic are fallaciously called, and hunt up that word "*sometimes*," so often and so conveniently used, and make up a list of homœopathic "*sometimes-es*" to comfort his conscience, or allay his fears; or shall he go forward, and having carefully watched all the symptoms through life, shall he also examine all the lesions after death, where he may discover not only the inroads made by the disease he has been trying to combat, but many previously existing lesions, weaknesses and infirmities, modifying the action of those laws of nature, which are still uniform and unchangable, and by which the action of nature's affiliated remedy is more fixed and more certain than was ever fabled of any of the laws of the Mede or Persian dynasty. Post mortem examinations, then, have this additional value, they confirm the faith of the learned and accomplished physician in the power of his remedies, and in the correctness of his treatment, as he is enabled to compare the history of the symptoms subsisting during life, with the nature of the lesions discoverable after death.

THE CASE OF STEPHEN T. BEALE.

THE unfortunate position of this individual, that has so extensively called forth the sympathies of his professional brethren, we have duly observed. With regard to the guilt or innocence of the man, we have nothing to say, but the result of his trial by an impartial jury of his countrymen is before the public, and we are inclined to the opinion that good will come out of it. Enough has been disclosed concerning the effects of ether, to warrant a condemnation of its use under circumstances so dangerous to the reputation of the operator and his subjects. If it be true, that the most startling hallucinations are frequent concomitants of its use, it is time that some warning should contribute to an abridgment of the same, or at least to restrict its use in such a way as to effectually guard against the sacrifice of reputation, either on the part of the operator or his subjects. All the disclosures that have been made, appear to us in the light of a warning to future operators, not to jeopardize the interests of a profession so eminently identified with the interests of society.

CENTENNIAL ANNIVERSARY OF HAHNEMANN'S
BIRTH-DAY.

On the 10th day of April next, one hundred years will have passed away since the birth of Doctor Samuel Hahnemann, and, we doubt not, the arrival of the day will bring with it the honorable mention of his name by thousands, in many different nations, as being destined in all future time to occupy a prominent and conspicuous place in the history of medicine.

Every nation in Christendom is familiar with the name of Hahnemann, the distinguished founder of the homœopathic school of medicine. A school which at this time numbers more adherents, agreeing in an essential system of medical practice, than any that has ever existed since the days of Hippocrates.

Hahnemann was no common man; he regarded himself the instrument of good to his fellow men. He believed in the over-ruling providence of an all good and all bountiful God, and he held that every man was bound to do his utmost to benefit his fellow-men, according to the particular faculties with which each was endowed. He traced every good thing to the hand of the almighty and beneficent God, to whom he always gave all the glory for all the good he was enabled to confer on his brethren mankind, and denied to himself any merit for what he had done.

In writing to Stapf in 1816, he counsels him to be as sparing as possible of his praises ; for, said he, "I do not like them. I feel that I am only an honest, straight-forward man, who does no more than his duty." And in his letter to Hufeland, he writes, "If experience should show you that my method is the best, then make use of it for the benefit of humanity, and give God the glory."

Hahnemann was the author of many works, and there is not one of them that is not pervaded by the spirit of reverence for the Deity, whose humble instrument he felt himself to be. After examining the various futile systems that had been proposed for the cure of diseases, he exclaims : "Oh, that it were mine to direct the better portion of the medical world, who can feel for the sufferings of our brethren of mankind and long to know how to relieve them, to those purer principles which lead directly to the desired goal ! Infamy be the award of history to him who, by deceit and fiction, maims this art of ours which is intended to succor the wretched ! All-compensating, divine self-approval, and an unfaded civic crown to him who helps to make our art more beneficial to mankind."

"After spending thirty years in working out his system, and practically demonstrating that his were indeed those purer principles, whereby the cure of diseases was most easily and safely effected, he was able to make this most solemn declaration."

"My conscience is clear ; it bears me witness that I have sought the welfare of suffering humanity, that I have always done and taught what seemed to me best, and that I have never had recourse to any allopathic procedures to comply with the wishes of my patients, and to prevent them leaving me. I love my fellow creatures and the repose of my conscience too much to act in that manner. Those who follow my example will be able as I am, on the verge of the grave, to wait with tranquility and confidence, till the time comes when they must lay down their head in the bosom of the earth, and render up their soul to a God, whose omnipotence must strike terror into the hearts of the wicked."

This distinguished man continued to manifest his religious character till the day of his death,—which to him was a day of peace and a consummation of rest from labors, the fruits of which will never perish. The labor of his life was both to benefit mankind and to ennoble the dignity of the profession, which he endeavored to improve ; and may all those who receive the teachings of this distinguished man, emulate his example.

TO OUR CONTRIBUTORS.

It would be a matter of satisfaction, unquestionably, to the readers of the journal, to be able to peruse more frequently than they have an opportunity of doing, articles upon various interesting subjects from some of our able contributors, and moreover, it would be one of the greatest sources of satisfaction to us, to be favored more frequently than we have been, with the productions of their pens. We have to acknowledge, however, that we have occasionally been highly favored with articles from several in times past, which have not only had a tendency to lighten our labours, in furnishing matter for the journal, which, by the by, is no small consideration for us, but we have been pleased to lay before our readers such articles as have been furnished, on account of their value.

We are by no means insensible of the responsibility attached to us in conducting the journal, and it is our ardent desire that its pages may be filled with such matter as must be regarded in the highest sense, useful and interesting to our patrons. Weighed down as we are by a multitude of labors and cares, it is a matter of little surprise, that we are unable to make the journal as interesting and useful as we could wish, and we would respectfully suggest, that any deficiency that may be apparent, may be obviated, if our contributors will labor more assiduously with us, in the work which we have undertaken.

The problem of homœopathy, requires the labors of many to solve, and there are many aspects in which our cause is to be viewed, and we sincerely hope, that light will pour in upon us from all quarters. Among the members of our profession in this country, are many constantly engaged in developing the resources of homœopathy, and it seems to us, that matters are constantly being disclosed, that if duly furnished, cannot fail of making our pages interesting and useful, and we respectfully invite attention to the subject.

1. As new resources are opening for the perfection of our *Materia Medica*, we should be happy to record them, and if any member has any light upon the subject, not yet communicated, we ardently desire that it may not be withheld.

2. The perfecting of the *Materia Medica*, as viewed in connexion with the clinical use of remedies, may suggest to the minds of some, much that is valuable for the profession to be made acquainted with, and will any of our profession withhold that which is so valuable and so much needed? Will they not turn their attention to the subject, for the purpose of enriching the pages of the journal?

3. Are there not constantly springing up in the minds of some, many

interesting scientific questions, that might be usefully canvassed for our pages? Questions pertaining to the elements of hygiene, the specific adaptation of remedies to meet certain diseased conditions, pathological conditions as well as physiological views, are ever to be borne in mind, as being subjects that may be usefully discussed and spread before our readers, for the common benefit of our cause.

4. Interesting cases met with in practice, and the details of treatment that has proved successful and efficient, might be recorded, to be perused with profit by our readers, and we should be exceedingly gratified in being able to record clinical experience of the kind.

5. Any unusual manifestations of disease, occurring in any region of our country, with appropriate description thereof, with the group of remedies found successful in its treatment, may tend materially to familiarize our readers with matters, very essential in a practical point of view. Where there are endemic diseases, an opportunity is afforded for recording the natural history and description of sufferings, that serve to prepare the mind to meet them without confusion, should they happen to spring up in other regions.

6. In throwing out these hints, we hope only to elicit the attention of our numerous readers in such a way as will induce a cordial co-operation in our labors, to promote the cause in which we are enlisted, and we ardently hope for numerous responses. The progress of our cause demands increased activity on the part of the members of the profession, and may we not hope, without being disappointed in our expectation, for the inpouring of items of intelligence, essays and monographs, that will increase the value of our literature, as well as promote the interest of the profession.

WE want monographs upon various subjects, such as naturally require attention, and such as are within the province of a journal to publish. There is wanted at this time, an essay, setting forth the most efficient protective measures, against the *yellow fever, cholera, small pox, scarlet fever*, and against other inveterate diseases. "*One ounce of preventive is better than a pound of cure.*" Has not experience furnished something tangible with regard to prophylactics? What remedies may be taken as prophylactics, and what is the evidence of their utility, in protecting the constitution against the effects of certain diseases. Will none of our readers think of this subject and respond?

HOMŒOPATHIC BOOKS

Published by Rademacher & Sheek, 239 Arch St., Philadelphia.

The Homœopathic Materia Medica, arranged Systematically and Practically by A. Teste, M. D. Translated from the French, by Charles J. Hempel, M.D. (634 octavo pages.) 1854. Bound \$2 50.

The Homœopathic Guide, in all Diseases of the Urinary and Sexual Organs, including the Derangements caused by Onanism and Sexual Excesses; with a strict regard to the present demands of medical science, and accompanied by an appendix on the use of Electro-Magnetism in the treatment of these diseases. By Wm. Gollmann, M. D. Translated, with additions, by Charles J. Hempel, M. D. (309 octavo pages.) 1854. Bound \$1 50.

Organon of Specific Homœopathy; or, an Inductive Exposition of the Principles of the Homœopathic Healing Art, addressed to Physicians and intelligent Laymen. By Charles J. Hempel, M. D. (216 octavo pages.) 1854. Bound \$1 00.

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ORIGINAL COMMUNICATIONS.

REPLY TO DR. GEIB'S DEFENCE OF HAHNEMANN.

BY CHARLES J. HEMPEL, M. D., AUTHOR OF "ORGANON OF SPECIFIC HOMŒOPATHY."

MESSRS. EDITORS :

A series of letters have lately appeared in five consecutive numbers of your journal, which purport to be a review of my "Organon of Specific Homœopathy." It is your privilege Messrs. Editors, to admit into the pages of your Journal any communications which do not conflict with the end you have proposed to yourselves to attain, by your publications, and which do not otherwise militate against the truth and dignity of medical science. The letters alluded to, do not, in my judgment, present any thing like a review, not even the shadow of a review of my work; on the contrary, they seem to me written in a spirit unbecoming a true-hearted votary of science. Personally I am utterly indifferent to the detractions misrepresentations or malicious sneers, of any creature under heavens, and I would not do as much as raise my little finger to vindicate the truths of my nature, whether moral or intellectual, against any man, angel or devil; but when these truths happen to be universal principles, the acknowledgment and realization of which, in science or society, seem to contribute to the consolidation of the great good of humanity, I then feel called upon, in the name of a sacred duty, to take some notice of remarks passed upon my sayings or doings, and, if these should be misinterpreted or attributed to wrong motives, to repel such attacks by suitable argument.

These letters, which purport to be a review of my Organon, a work that bears upon the face of it the impress of earnest and consistent thought, are simply a tissue of incoherent, unmeaning *persiflage*, and a deliberate self-destroying, and exceedingly childish misrepresentation of my strictly logical and scientific inductions in favor of the very spirit and soul of Homœopathic truth.

I intend to substantiate this charge very briefly, but conclusively. Before, however, entering upon this task, I beg leave, Messrs. Editors, to repudiate the accusation of selfish ambition, hurled against me by the reviewer in the following sneer, page 301: "We find it difficult to forego the impression that the volume before us owes its existence more to the ambition of its author, to oppose some of Hahnemann's doctrines, and to substitute his own postulates, than to produce a text book for teaching the science of Homœopathy." Let me inform the reviewer that he lacks both brains and heart to justly appreciate the love of truth which animates my reason. In the concluding paragraph of his last letter, he offers an apology for what might be construed in his letters as "personal offence." If there be any offence, it is in the fact of having resorted, throughout these letters, to ironical sarcasm and unfair representations of the argument, for the purpose of breaking down a work that the reviewer might, perhaps, have felt tempted to compose, but for various trifling constitutional difficulties best known to himself. Owing to these private reasons, he had to content himself with assailing my work, upon the principle so beautifully expressed by Schiller in his little aphorism entitled, Kant and his reviewers: "When kings build, carmen find employment." For the sake of consistency, I am perfectly willing to incur the suspicion that I wish to be looked upon as representing the king in this quotation, and to admit that in my own inner soul the letters of my reviewer seem to me no better than a few cartloads of dirt. Lest, however, any one should suppose that he might have undertaken the business of concocting these "epistolary communications" from any personal motive, he takes good care in stating at the outset that he resorts to the use of the "ego," in order not to render himself liable to the imputation of egotism. I take it for granted, and so will every man who is endowed with ever so little psychological perspicacity, that my reviewer was somewhat troubled by his conscience, when he resorted to this apology as a narcotic. Moreover,

let us give him due credit for his apparent humility when he writes, page 484: "I begin to feel, Sir, how far the importance of this subject exceeds my abilities, and the propriety of apologising for my own incapacity and verbosity." Here again, it is evident that a prick of his conscience made him utter a word of truth. How much better it would have been, if our reviewer had been guided by the formula of "short and sweet," and better still, if he had not meddled with a task which, by his own admission, he was incapable of performing. As regards the general style in which the reviewer has seen fit to express his ideas, what few there may be found in this mass of unmeaning and contradictory "verbiage," to use a term akin to the reviewer's self-accusing expression of "verbosity:" it will be admitted by every man who has any pretensions to scholarship, that even one of our sophomores would blush to father such an incoherent, illogical and exceedingly ungrammatical phraseology. In his hurry to quote from the French translation of Rau's Organon, he takes the opportunity, of course very much against his own knowledge and consent, of exhibiting his ignorance of the French language. On page 489, where he furnishes the translation of a case of cure reported by Rau, our reviewer uses the French term "Jusquïame" for *Hyoscyamus niger*. My reviewer evidently did not know what *Jusquïame* meant, for in another number of the journal, in his review of *Teste*, he commits the same blunder. Now I should like to know how any man can be supposed to understand at all what he is writing about, if he is totally ignorant of the meaning of the most cardinal facts involved in the subject to which he refers? Dr. Geib had evidently better go through a course of English and French grammar before he again ventures upon the sacred domain of literature.

After these general remarks, I am prepared to point out the errors into which my reviewer has fallen in undertaking his queer "Defence of Hahnemann," against an author, who has labored as zealously as I have done, to render the works of Hahnemann accessible to the friends of Homœopathy. It certainly comes with an ill-grace from a man like Dr. Geib, who may have studied our *Materia Medica* for aught I know, but who has certainly failed to furnish the world any decisive proof thereof, to accuse me of misrepresenting or misunderstanding Hahnemann, after the persevering

efforts, I have been one of the first to make, to popularize his works among his American and English adherents.

My objections to Dr. Geib's "Defence of Hahnemann," may be arranged under the following general heads:

1. Unjust imputations and accusations.
2. Excessive irritability; unwillingness to know the sore and weak spots of our system.
3. Inconsistencies, misapprehensions and erroneous criticisms.
4. Childish, unphilosophical and improper garbling of my text.
5. Proposals of reform by the reviewer, suited to the measure of his own capacity.

1. UNJUST IMPUTATIONS AND ACCUSATIONS.—Page 301 of the journal, the reviewer uses this language: "We find it difficult to forego the impression, that the volume before us (meaning my *Organon*), owes it existence more to the ambition of its author, to oppose some of Hahnemann's doctrines, and to substitute his own postulates, than to produce a text book for teaching the science of Homœopathy." I protest against the impropriety of tracing to personal ambition and the desire of self-aggrandizement, my endeavor to advance the course of medical science, in the manner which has seemed most appropriate to my own reason.

On page 305 we find the following onslaught, which seems more terrific than it really proves to be upon closer inspection: "It is unfortunate for our author, that in this attempt to make Hahnemann responsible for his doctrines, he should have felt the propriety and justice, by omissions, additions, and substitutions, of presenting his readers with a garbled text; to whom, notwithstanding, he says this is Hahnemann's own language." Here I am accused of being guilty of omissions, additions, and substitutions. Now, what have I omitted, what have I added, or what have I substituted? Absolutely nothing, not a single word. I have quoted § 143 of Hahnemann's *Organon* to show the necessity of proving drugs upon the healthy organism, and I have quoted him sufficiently for this purpose. But my precious soul of a reviewer, accuses me of omissions because I did not consider it necessary to quote the additional paragraph which he italicises, viz.: "This will

furnish us with a code of nature, in which will be inscribed, from every agent so investigated, a considerable number of *particular symptoms*, as they were manifested to the observation of the experimenter." In this paragraph Hahnemann distinctly and emphatically avers, that the medicines are Homœopathic remedial agents when the *morbid state*, induced by the medicine, responds to the natural morbid state or the disease; then only are they truly Homœopathic or specific remedies. "And," continues Hahnemann, "this specific Homœopathicity will be found characterised, not merely by symptoms, but by *particular symptoms*." If my precious reviewer had taxed his brains a little more, he might have understood what Hahnemann evidently meant to convey, that no two remedies can be truly Homœopathic to the same disease.

Among all the critical scribblers, reviewers and philosophers of the Homœopathic school, I have not yet met with any writer that seemed so childishly tenacious of an unmeaning noun as my reviewer. If a physician dares to suspect that there might be something behind an apparent symptom, the wrathful reviewer is down upon him like a thousand o' brick. If the moon happens to look as though it were made of green cheese, and the consciencious and careful beholder does not believe that green cheese is the actual ingredient of our satellite, the reviewer visits him with his displeasure. And yet, Hahnemann himself condemns the symptomatic treatment in the most unqualified terms. He says, page 98 of the American translation of his Organon: "Not knowing at times what plan to adopt in disease, physicians have, until now, endeavored to suppress or annihilate some one of the various symptoms which appeared. This method, which is known by the name of the *symptomatic*, has very justly excited universal contempt, not only because no advantage is derived from it, but because it gives rise to many bad consequences. A single existing symptom is no more the disease itself, than a single leg constitutes the entire human body. This method is so much the more hurtful in its effects, that in attacking an isolated symptom, they make use solely of an opposite remedy, so that after an amendment of short duration, the evil bursts forth again worse than before."

This paragraph distinctly shows that it is not symptomatic appearances alone that Hahnemann wished to be taken into consideration; he does not separate the symptoms from the morbid

states to which the symptoms belong. This may be inferred from § 15 of the Organon, where he uses this language: "The sufferings of the immaterial vital principle which animates the interior of our bodies, and the mass of symptoms produced by it in the organism, which are externally manifested, and represent the actual malady, constitute a whole, they are one and the same. The organism is, indeed, the material instrument of life; but without that animation which is derived from the instinctive sensibility and control of the vital principle, its existence is as inconceivable as that of a vital principle without an organism, consequently both constitute an unit, although, in order to facilitate our comprehension, our minds may separate this unit into two distinct ideas." And in § 143 of his Organon, Hahnemann explicitly mentions states as between which the Homœopathicity of the drug to the disease is to be established. What now becomes of my reviewer's *treatment of symptoms*? To me it seems a waste of time to refute such perfectly childish criticisms.

Page 234 of the journal, my reviewer has the following paragraph: "Our learned friend says, specific remedies accomplish a cure in every case where a cure is possible, much more speedily, safely and thoroughly, than any other medicine can do. And we are left to understand that, that other medicine is that selected by stupid doctors, with the aid of Repertories; and *specific remedies*, those which are selected by a wise Homœopathist, who understands the animus, the spirit of Hahnemann's teachings, or, in other words, one who has made Dr. Hempel's Organon of Specific Homœopathy the basis of his intelligence." In advocating the doctrine of specific remedies, which is the very essence of Hahnemann's own teachings, nothing could be more foreign to my mind than to classify physicians, agreeably to the standard offered by my veracious reviewer, into two great categories, those who follow my Organon, or the intelligent doctors, and those who do not, or the stupid doctors. This classification is entirely gratuitous, and must have been suggested by the reviewer's secret instinct of his own abilities.

On page 489 I am charged with imputing stupidity to Hahnemann. "And these examples," says my reviewer, "present an irrefutable evidence against Dr. Hempel's imputed stupidity in our immortal master, who stands accused in a book that enjoys companionship with the legitimate literature of Homœopathy, of im-

posing a diagnosis on his disciples and their patients, of several hours in length." As to the character of a strictly Hahnemannian diagnosis, we will investigate this subject bye and bye; but so far from doing injustice to Hahnemann in any shape, I take every opportunity of vindicating his merits as a reformer. Speaking of Hahnemann's mode of selecting a drug, p. 64 of my *Organon*, I use the following language: "On this subject the *Organon* contains ample instructions, which the reader will find recorded in a series of paragraphs, from section 150 to section 202. A vast amount of intensely logical, interesting and highly important reasoning is embodied in these paragraphs; the treatment of diseases characterised by striking symptoms, or of such as are poorly provided with symptoms, or exhibit only one or two local symptoms, is described with a most praiseworthy foresight and minuteness; and yet I feel compelled to demur to the philosophy of Hahnemann's reasoning in this business of curing, but shall defer my objections to the second part of this work, which is intended as a systematic criticism on on what appears to me the objectionable features in the mode which Hahnemann and some of his followers have adopted, of explaining the Homœopathic doctrines." Is this imputing stupidity to Hahnemann? It seems to me that I not only do full justice to his genius. but that, where I have to differ from Hahnemann, I do so most respectfully.

Again, alluding to sections 72, 73, 74, 77, 78, 82, 84, 100, 204, 210, 231, 233, 235, 259, 262 and 293, of Hahnemann's *Organon*, on page 98 of my own work, I express myself as follows: "In comparing the rules which Hahnemann here lays down for the treatment of various classes of diseases, with the method of treatment which now prevails among Homœopathic practitioners, it will be found that Hahnemann's suggestions and positive teachings are deviated from in almost every particular. And yet, to the attentive reader, these teachings will appear full of wisdom, and characterised by a deep love and reverence for the Creator's masterpiece, the human organism. How anxiously Hahnemann avoids any interference, by the violent action of drugs, with the marvellous operations of its divine mechanism! With what deep and religious devotion he betakes himself to the task of discovering the precise wants of the sick, and applying such remedies as by their prompt and pleasant action, will win the willing confidence of the

patient ! Under Hahnemann's guidance the remedial agent, indeed, becomes a gentle friend, a loving restorer of health, and, for the first time since the creation of man, the healing art has been true to its high and noble mission, and, instead of *inflicting* pain, has kindly and permanently *relieved* it." I should think it takes a very stupid reviewer to see any imputation of stupidity in all this.

Whenever I make mention of Hahnemann's own labors in the cause of true medicine, I do so with the most unqualified praise. Witness the closing paragraph of page 173 of my *Organon* : " The effects of the poison had to be studied, and, for this purpose, the poison had to be introduced into the organism according to a definite method, in measured quantities, at regular intervals, and while the prover enjoyed perfect bodily and mental health. More than one eminent physiologist had pointed out the necessity of this mode of experimentation ; but it was reserved for the genius and perseverance of the founder of Homœopathy to pave the way for a positive science of pharmacodynamics, by instituting a series of drug-provings, which, for reliability, comprehensiveness, accuracy of observation and devotion to science, will commend themselves at all times to the confidence and admiration of every friend of scientific truth." Here, again, Hahnemann is represented as a stupid doctor.

Let me now proceed to the second class of my objections, under the head of—

EXCESSIVE IRRITABILITY ; TOADYISM ; UNWILLINGNESS TO KNOW THE SORE AND WEAK SPOTS OF OUR SYSTEM.—On page 351 of the journal, my amiable reviewer terms my analysis of the practical bearing, and of the theoretical meaning of the principle, "*similia similibus curantur*," a wild, careless, libellous, unedifying tirade. The editors of the journal have noticed it in courteous and philosophical language ; whereas the epithets of my reviewer are the ejaculations of a wounded pedant, with just brains enough to feel the pain when a well-directed probe touches the sore spot. I am willing to take the judgment of any number of truly educated and enlightened physicians concerning the logical coherency and philosophical accuracy of my analysis, but I do not feel called upon to bow to the wholesale denunciations of such garrulous and self-constituted critics as my reviewer.

“Why, Sir,” exclaims my critic, with all the appearance of a man who is in a dreadful rage about something, “Hahnemann is here presented to the world as a fool. I fear the imputation will be apt to recoil with interest, by quoting the words of our friend, but so gross a perversion of Hahnemann’s text, cannot be permitted to exercise its mischievous influence unnoticed.” Having waxed thus wrothy, the reviewer commences his onslaught on this chapter of my *Organon*, where I simply take the privilege of exposing the puerilities of a strictly Hahnemannian diagnosis, in the following language: “After quoting,” says he, “a long list of interrogatories, directed by Hahnemann, not one of which could be answered, either by a child or a mute, he proceeds.” What does this sagacious reviewer mean? Does he mean to impeach the accuracy of my quotations? Why, every question contained in this long interrogatory, is copied literally from Hahnemann’s *Organon*. Why, then, does the reviewer blame me for criticising that which Hahnemann himself enjoins upon his followers, as strictly Homœopathic practice? My sagacious reviewer goes on: “I would venture to assert that the presence of so many symptoms in any *one* patient, as are here contemplated, would not leave him long enough in this world to answer half of them.” Here is a beautiful confusion of ideas. The reviewer actually seems to imagine that every question contained in the interrogatory prescribed by Hahnemann, is suggested by a morbid symptom, whereas the object of these pedantically minute inquiries, is to obtain a knowledge of the symptoms of the case, and to become acquainted with their exact quality. But let this pass. The reviewer invites his readers to look into Hahnemann’s *Organon*, and review § 83, in order to become convinced that I have presented Hahnemann as a fool. Well, I too invite my readers to refer to Hahnemann’s *Organon*, and to peruse § 83; they will then discover the fact that the old-fashioned Hahnemannian mode of establishing a diagnosis, has fallen into desuetude, and that it is tainted with a dogmatic pedantry, which no sensible practitioner of our school will strive to defend. If my reviewer has ever read the first volume of Hahnemann’s *Chronic Diseases*, he will there find some of the most violent disorders recorded among the effects of suppressed itch, such as uterine spasms, sudden attacks of fainting, convulsions, epilepsy, hæmorrhage, etc. All these and similar derangements were religiously treated with the antipsorics, and

to treat them with a medicine that did not rank among the antipsorics, would have been heresy. What then does my reviewer mean, when he exclaims: "Does this gentleman," speaking of Dr. Hempel, "really wish his readers to accept as truthful, the singular and exaggerated pictures he has drawn of Homœopathic practice, in this part of his work?" Just so; if Hahnemann's teachings are understood literally, as he wished them to be understood, such gentlemen as my reviewer, get wroth and try to get round the sore spots of their doctrine by appealing to the prejudices, and the vanity of those who see no farther than themselves; and these, unfortunately, constitute as yet a very large number. Asks my gentle reviewer: "Is it to be supposed that in the whole army of Homœopathic practitioners, of sane mind, a single fool of such enormous dimensions is to be found?" And further on, he takes pity on Hahnemann, and lamentingly inquires: "Is our revered Hahnemann to be held responsible for such doctrines?" Bless his dear soul; Hahnemann had both the courage and the honesty to hold himself responsible for his doctrines, and I maintain, and maintain most emphatically, that all I hold Hahnemann responsible for, are the doctrines taught in the *Organon*, and in the first volume of the *Chronic Diseases*. If I had had the misfortune of stating in my work, that Hahnemann teaches to treat syphilis by giving a single globule of the thirtieth potency of Mercurius; or if I had made the least allusion to that other little globule doomed to solitary confinement in a glass tube, and destined to perform the office of a restorer of health, by being held under one of the patient's nostrils, in order that the curative virtue of the little prisoner might be conveyed to the patient's organism by inhalation; my reviewer would doubtless have exclaimed against the unblushing temerity of exposing to the light of day extravagancies of Hahnemannian practice, which at the present moment, are neither practised nor believed in by any but arrant fools. But when my reviewer takes me up for my honest statement that "Homœopathic physicians who are true to their master's teachings, subject their patients to an examination of several hours," he exposes himself to the charge of gross ignorance. I do not know how long Dr. Geib has been acquainted with Homœopathy, he may not have known what was the practice of Hahnemann's first disciples. Well, I can inform Dr. Geib most positively, that it was the fashion in the Hahnemannian age of Homœopathy, to take a

written record of the symptoms of a case, from the head to the feet, and to spend at least a couple of hours in going through this business. Rau condemns Hahnemann's mode of taking a record of the symptoms, in the following words (see § 46 of his *Organon*): I do not comply with Hahnemann's directions in this respect, in the first place because I like to avoid the appearance of an affected conscientiousness, and in the second place because I do not think it necessary that a case should be recorded in the manner prescribed." If Dr. Geib impugns the accuracy of my criticism in reference to the time which Homœopathic physicians bestowed upon the taking down a record of the symptoms in writing, he simply shows his utter ignorance of the practice which prevailed among Hahnemann's first disciples in this respect.

What seems to me particularly childish on the part of my reviewer, is the manner in which he addresses himself to Hahnemann as "our revered master, our venerated master, the voice of the sage," and such like epithets, which are ill suited to the manly and free spirit of this intensely analytical and progressive age. In general, it seems to me that a spirit of toadyism is rampant in these five epistles of my reviewer, which may suit his taste and disposition, for aught I know, but which is decidedly antagonistic to an honest, fair and independent investigation of scientific doctrines.

The third class of my objections may be conveniently ranged under the following head:

INCONSISTENCIES, MISAPPREHENSIONS AND ERRONEOUS CRITICISMS.—A good deal of what has been said in the second part of my objections, might be transferred to this part likewise. But, there is enough left of this sort to furnish matter for a respectable paragraph. Only let us commence at the beginning.

My reviewer seems to be dreadfully puzzled to know what I mean by specific Homœopathy; and, if I finally succeed in pinning him to a clear and unmistakeable definition of this term, he wriggles and demeans himself, until he breaks loose from my grasps and slips through my fingers like an eel. Let us follow him for a while on his amusing chase after the "Specific Homœopathy of my *Organon*," and after specific Homœopathy generally.

On page 235 of the journal, my philosophical reviewer informs us that on page 18 of my work I speak of specific method of treatment

“in a very definite manner,” but that the term specific still remains undefined. That something very definite should remain undefined, seems a contradiction in terms; but such contradictions are nothing strange in my reviewer’s rambling mode of paying his addresses to my work, as we shall see presently. He has evidently ignored, or rather abjured logic in his epistles. Let us see: on page 396 of the journal, the reviewer perpetrates the following piece of fun and wit: “How prone learned gentlemen are to leave the plain, straight path of inductive knowledge, and to wander in the wilderness of metaphysics! It is a bad sign, when an author’s ideas are hard to understand, and especially so, when treating utilitarian subjects, which should be as plain as a turnpike road. Our author makes a distinction on this page of his work, between reason and understanding, which appears to be especially invented to dispose of the symptoms of disease that haunt him at every turn, and to carry out his favorite hypothesis of individualising disease as a separate something that is to be treated apart from the symptoms which the latter only serve to disclose.” If common charity did not enjoin upon us to treat even the veriest ignoramus with a certain degree of politeness, I should say to my garrulous reviewer: go back to college, and resume your seat on the bench of any freshman class you please; even there you will be taught the difference between reason and the understanding. But I will refer him to Coleridge’s *Table-talk*, page 99, where reason and the understanding are alluded to in the following impressive language, as distinct faculties of the human soul: “Until you have mastered the fundamental difference, in kind, between the reason and the understanding as faculties of the human mind, you cannot escape a thousand difficulties in philosophy; it is præeminently the *gradus ad philosophiam*.” And on page 44 of the same work: “The understanding suggests the materials of reasoning; the reason decides upon them. The first can only say, this *is*, or *ought to be* so; the last says, it *must* be so.” To this definition the editor of the *Table-talk* has appended the following interesting note, which is so extremely to the point in the discussion between me and my very learned reviewer, that I cannot forbear quoting it: “I have preserved this and several other equivalent remarks, out of a dutiful wish to popularize, by all the honest means in my power, this fundamental distinction; a thorough mastery of which Coleridge considered necessary to any sound system

of psychology; and in the denial or neglect of which, he delighted to point out the source of most of the vulgar errors in philosophy and religion. The distinction itself is implied throughout almost all Coleridge's Works, whether in verse or prose; but it may be found minutely argued in the 'Aids to Reflection,' page 206, etc., 2d edition." Is this quotation sufficient to convince my reviewer that even the greatest metaphysicians and logicians have admitted and contended for a radical distinction between reason and understanding? Let him study Kant, Hegel, Cousin, Locke, Coleridge, and he will find that I had no need of inventing an essential difference between reason and understanding for my especial benefit. It is the business of the understanding to take cognizance of the perceptible symptoms of the disease, but it is the province of the reason to determine their relation to each other, to establish their quality as pathological facts, and to base upon the inferences drawn from such reasonings the indications for a safe, certain and strictly scientific treatment. My reviewer, who certainly has not overstocked his brains with any extra quantity of philosophy, will derive little aid from invoking the genius of Hahnemann for the purpose of clearing this metaphysical mist. I am very much afraid that my reviewer will not fare much better than a certain old lady who applied to an optician for a pair of spectacles. She tried several, but she could not find a single pair to suit her eyes. Finally the good-natured optician asked her: "Do you know how to read, my dear madam?" "Well," replied the lady, "if I knew how to read I should not want your spectacles." According to Rau, (see his *Organon* § 45,) "a correct examination of the patient can only be instituted by a physician well acquainted with *physiology, pathology, and pathogenesis*, provided he is otherwise endowed with sound sense, and sufficient powers of observation. Much is said of practical tact. The true practical tact consists in the talent of obtaining, at the first glance, a correct idea of the patient's illness." My reviewer seems to have such an horror of that most precious and sovereign faculty of the human mind, which Coleridge, Kant and others have termed *reason*, and which makes the observation of pathological facts a subject of its special concern, that I am inclined to believe he has been more than remiss in inquiring into these matters, which the redoubtable editors of the *Homœopathic News*, Dr. Hering and his shadow, may deem of no sort of consequence,

but which excite great, universal and abiding interest, wherever medicine is cultivated as a philosophical science. My reviewer, not being able to get along on his own hook, in demolishing such a revolutionary hydra as Dr. Hempel's *Organon of Specific Homœopathy*, invokes the spirit of Hahnemann to aid him in this delectable enterprise. And he interlards his invocation by a little French interjection, which people in France generally resort to when they wish to excite pity for their forlorn condition. "*Mon Dieu !*" ejaculates our facetious reviewer, "no doubt the spirit of Hahnemann smiles on these (Dr. Hempel's) glaring, but harmless sophisms." If the spirit of Hahnemann smiled at all, it was probably at Dr. Geib's bad French, who makes great pretensions of being a French scholar, and does not even know that *jusqu'ame* is the French for hyoscyamus. Hahnemann certainly had too much good sense to smile at the honest efforts of any man who contributed his mite towards establishing the diagnosis and treatment of disease upon the incontrovertible basis of physiology, pathology and pathogenesis, combined. If Dr. Geib understood the difference between reason and understanding, or if he knew that there is any difference at all between these two faculties, he would never have brought against me the reckless and absurd charge of "individualising disease as a separate something, that is to be treated apart from the symptoms which the latter only serve to disclose." I simply caution my readers against being beguiled by superficial symptomatic appearances into erroneous modes of treatment, or against believing with an innocent Paddy that the moon was bigger in Ireland than in this country, for no better reason than because it looked so.

Let us accompany our reviewer a little further in his distressing chase after the shadows of his own troubled fancy, which escape from his eager grasp as often as he places his hand upon them. On page 305 of the journal he will have it, that section 143 of Hahnemann's *Organon* is entirely fatal to my doctrine of Specific Homœopathy. Now let the reader decide as to which of us, the reviewer or the reviewed, is correct. Hahnemann says, speaking of the medicinal substances to be proved upon the healthy: "Among these are the homœopathic morbid elements resembling those of several natural diseases which are to be hereafter cured by them; in a word, they comprehend artificial morbid states, which supply

for similar morbid states naturally induced, the only true homœopathic, *id est, specific* instruments of certain and permanent cure."

In § 153 of his Organon, Hahnemann uses the term *homœopathic specific remedy*. In searching after a homœopathic specific remedy, we ought to be particularly, and almost exclusively attentive to the symptoms that are striking, singular, extraordinary and characteristic; for it is to these that similar symptoms from among those created by the medicine ought to correspond, in order to constitute it the remedy most suitable to the cure." Hahnemann evidently draws a distinction between a remedy which is simply homœopathic to the disease, and one which is not only homœopathic, but *homœopathic specific*. It is of these homœopathic specifics that the term *correspond* is used; they *correspond* to the disease, and are therefore most suitable to the cure. My formula of *correspondentia correspondentibus curantur* is therefore perfectly appropriate, and would probably have been adopted by Hahnemann as more adequately and fully expressive of his meaning, if one of his disciples could have suggested it to him at the time.

My reviewer assails the doctrines of my Organon without rhyme or reason. First he is all the time complaining of my failing to give the desired definitions, and yet, in spite of this, he is constantly criticising the definitions which I do give. No man who has taken the trouble of reading my Organon, can fail to have seen what is meant by specific Homœopathy, Hahnemann himself, explains it again and again. "No two medicines can be exactly similar to the same disease." This is specific Homœopathy. Again: "Every medicine produces particular effects in the human body, and no other medicinal substance can create any that are precisely similar." This is likewise specific Homœopathy. And again: "In the same manner that each species of plant differs from all others in its external form and peculiar mode of vegetative life, its smell and taste; in the same manner that each mineral and each salt differs from others in regard to external character, as well as internal chemical properties; in the same manner do all these substances likewise differ from each other in regard to their morbid effects, and, consequently, their curative powers. Each substance exercises upon the health of man a certain and particular influence, which does not allow itself to be confounded with any other." All this is specific Homœopathy. The idea of specific Homœopathy is, that there is one medicine

which will remove a given morbid condition more directly, in other words more specifically than any other medicine could do. And this is not only specific Homœopathy, this is in the broadest possible sense the only true, Hahnemannian Homœopathy; and any other Homœopathy, Dr. Geib's included, is arrant nonsense.

On page 231 of the journal, we read this curious paragraph: "This (referring to my statements that those who have mastered the spirit as well as the letter of Homœopathy, treat diseases more successfully than those who merely look at superficial and incoherent symptoms,) is designed as a first blow in this work against Hahnemann's doctrine of the identity of symptoms and disease." The italics are my own. This statement embodies the very soul and spirit of specific Homœopathy; and my Organon is the very book that furnishes a comprehensive and logical explanation of the identity of drug symptoms and morbid phenomena. This identity results from the fact that both the drug and the disease are products of the same cause in different orders of existence. What a heedless reviewer! And what a deal of trouble he gives a poor author all to no purpose, and all this because he either will not or cannot see what the author is aiming at.

Dr. Geib is perfectly willing to avail himself of any technicalities whenever they suit his own purposes. On page 351 of the Journal, he asks: Are medicines specific in their therapeutic action? And again: Which of the three modes of medicinal action in the organism, the allopathic, antipathic or homœopathic, is *specifically* curative? And on page 353 of the Journal, the reviewer exclaims in an apparent paroxysm of delirious ecstasy: "The day will be a glorious one for humanity, when our colleges revise and reform their defective and fallacious therapeutics, and give remedies that are in *specific rapport* with disease." This expression occurs in a paragraph where he takes up the cudgels in favor of the old school. He is so bent on criticism that he cannot even bear the idea that I should accuse the old school of prescribing "a set of medicines for mere names of diseases," and that I should give Hahnemann the credit of breaking the charm of this dogmatism; so he goes to work, and, with his verbose garrulity, he undertakes to show that, if old school physicians would only give medicines that are in *specific rapport* with disease, their catalogue of diseases, which might be regarded as so many leading characteristic phenomena of vital disturbance,

would render their system a pretty rational homœopathy. God bless his kind and charitable soul! Kind to the heathens and infidels! but kind to one of his own party, only a little ahead of him? Not he, indeed. By the bye, this reviewer reminds me of the new-fledged nobleman in Molière's comedy of the "*Bourgeois Gentilhomme*," who had been talking prose all his life-time without knowing it. He certainly talks prose without knowing it, when he gives utterance to the following piece of argumentation on page 354 of the Journal. "The horrors of a Hahnemannian diagnosis have even wakened up his sympathies for the brutes. As brutes *are* cured with homœopathic medicines, and without an interrogatory of three hours, it would appear to follow that the prominent characteristic objective symptoms must supply pretty much the whole diagnosis." Indeed, Mr. Reviewer; this is precisely what I have been contending for. Don't you see, my dear sir, that you are blowing hot and cold in the same breath? Talking prose without knowing it; undoubtedly a most enviable and interesting predicament.

It may not be inappropriate to notice a few inconsistencies and contradictions in Dr. Geib's critical review. He has likewise rendered himself guilty of misapprehensions. On page 396 of the Journal, for instance, he quotes me as follows: "Premising what disease is not, he (Dr. Hempel) says, what else then can it be, but a thing of its own, a vital spirit, an ethereal principle or miasm, or anything else you please, but, at all events, a substantial something, obeying its own order of existence, which it endeavors to impose upon the organism, and which the organism tries to resist?"

Now what do you suppose, kind reader, my sagacious reviewer infers from this perfectly plain and unsophisticated language? Why, that I define disease to be "an intelligent morbid agent; a kind of diabolical spirit, trying to intrude itself into the organism, while the organism is trying to keep it out." All that I intended to accomplish was to vindicate the correctness of Hahnemann's view of disease as expressed in the second section of his *Organon*, in the following language: "In disease, the spontaneous and immaterial vital principle pervading the physical organism, is primarily deranged by the dynamic influence of a *morbific agent*, which is inimical to life, only the vital principle thus disturbed can impart to the organism its abnormal sensations, and incline it to the irregular actions which we call disease, etc." My reviewer sees a diabolical

spirit in my definition of disease. I, too, see a diabolical spirit, but only in his review, not in my doctrine. But the reviewer having given proof, on a former occasion, that he has abjured philosophy and logic, we have no ground to be astonished at any absurd reasoning he may see fit to perpetrate.

In his simple-heartedness, the reviewer forgets himself now and then most amusingly. On page 304, for instance, the reviewer accuses me of having failed entirely to give my definition of disease in any part of my work. And yet on page 486 of the Journal, we read the phrase: "The definition of disease adopted by our author is a *disunion* between the physical and spiritual man." And my reviewer is so much pleased with this definition that, in the fervor of his enthusiasm, he is actually thrown off his guard, and allows himself to say: "And he (Doctor Hempel) adds, very beautifully I think, that the perfection of this union is the culmination of health and happiness."

On page 234 of the Journal, my reviewer takes the privilege of informing us that "the *Materia Medica* or pathogenesis of our school should certainly be a sacred depository of nothing but the confirmed truths of our system of medicine; and no remedy or proving should be admitted into our books of practice, unless it has been fully confirmed *ab usu in morbis*." And on page 302 of the Journal, we see it stated that the old school, with all their interminable lectures on diagnosis, prognosis, and pathological phenomena, as *extensive almost as some of the waggish specimens* of homœopathic pathogenesis, still doctor symptoms." What a precious reviewer Dr. Geib is! If we were to throw out of our *Materia Medica* all those drugs the provings of which have not been confirmed by actual use in the treatment of disease, how many drugs and how many symptoms would we retain in our *Materia Medica*? And yet, because I offer this kind of criticism, and offer it with the stern and uncompromising accuracy of analysis, he belabors me in a series of epistles, which are characterized, if by anything, by unmeaning incoherencies, garbled quotations, puerile and fanciful misapprehensions of my own language and doctrines, linguistic inaccuracies, and a phraseology which it would not be safe to criticise with grammatical severity.

Another trifling contradiction occurs on page 486 of the Journal. After having complimented me highly on my remarks concerning

disease—it took him an awfully long time to find out that there was something in them, and then he discovered it only by mistake—he cannot help fetching a side-blow at my theology. “But he (Dr. Hempel) thinks the soul is never sick; that it preserves its perfect identity and integrity through all the vicissitudes of the body. This doctrine is certainly not orthodox, with the soul’s responsibility for acts done in the flesh.” My ideas are very imperfectly and very inaccurately stated in this extract; but this is not what I intended to point out to the reader’s attention. In the paragraph preceding this one we read these concluding lines: “But those pages are far from being without interest, and they strongly confirm the high opinion I have learned to entertain of Dr. Hempel’s excellent attributes as a man and a theologian.” Always blowing hot and cold in the same breath. “Under which king, speak or die?”

As regards the cases which my reviewer quotes from Rau, and with which he intended to overwhelm me, they accomplish the very opposite results. If he did not belong to those unfortunates that are absolutely innocent of even the elements of philosophy, he would have seen all this without my informing him of it. In the first case, the symptoms pointed to Chamomilla and Sulphur, but the *violent sneezing* was characteristic of Cyclamen, hence this remedy was given and the patient got well.

In the second case the *pain in the right knee* pointed characteristically to *Ledum*.

In the third the *loss of memory* pointed specifically to Staphysagria.

In the fourth, a *violent itching* between the shoulders, pointed to Kali carbon. as the specific remedy. And so on, with the other cases.

In all these cases a variety of medicines had been tried ineffectually, in accordance with the apparent symptoms, until finally a single characteristic symptom pointed to the specific remedy, which invariably effected a cure. I am sure that any intelligent reader of this journal will see my doctrine of specific Homœopathy illustrated by these cases; my reviewer may not. In this case he is sincerely to be pitied.

I perceive that my reviewer recommends Rau as a standard author for all Homœopathic practitioners. My reviewer has never read Rau, or, if he has read him, he has never understood this truly

philosophical writer. He certainly has not read him in the original German; he may have read the French translation, but he cannot possibly have read it with the accuracy with which any scientific work should be studied; otherwise he would not have been repeatedly guilty of such a gross blunder as to transfer the French *jusqu'ame*, bodily as it were to the English text, thereby rendering unintelligible to his readers, what he himself could not possibly have understood. I repeat, therefore, that my reviewer has never read Rau with a perfect understanding of his philosophical teachings; for, if he had, he could not possibly commend in the same breath Rau as a model Homœopathist, and abuse Dr. Hempel as a restless innovator. Our doctrines point to the same result, with this difference in my favor—with reverence be this said—that, in the investigation of the Homœopathic law, I have not contented myself with the ipse-dixit of any man, were this man even Hahnemann, nor with the results of a more or less brilliant experience; but I have boldly and logically traced the Homœopathic law, to the best of my ability, to its first beginnings as it were, in the sphere of the absolute reason, and here, in the serene and ethereal heaven of universal truth, I have discovered it to my own comprehension, and to the comprehensions of all those that have ears to hear, as one of the unalterable laws of eternal order. I may not have done justice to my task, but surely, none but timid or sycophantic fools will abuse a bold and honest mind for having dared to worship at the shrine of truth from heart to heart, and not through the roundabout mediation of a fallible and finite genius, Hahnemann or any other heroic reformer of abuses, and architect of new systems of truth.

In his preface to the Organon, Rau uses the following manly language: "My gratitude to Samuel Hahnemann, the author of the new doctrine, has not allowed me, however, to close my eyes to its existing imperfections. To aid in removing them, has ever been my warm desire; neither the contempt with which the thoughtless partisans of Hahnemann seemed to look upon my effort to impart to their new doctrine a higher scientific character, nor the uncivil denunciations which the blind champions of the old dogmatism have hurled against the new doctrine, nor the insulting names with which its disciples have been reviled by authors and editors of medical journals, will prevent me from accomplishing my purpose." The

magnificent introduction to his *Organon*, is replete with protestations against the uncertainties and the fanciful assertions of Homœopathy, and of her first partisans. Rau censures the vehemence with which young and inexperienced disciples of Hahnemann have ridiculed every thing which had been done in science, without being able to appreciate it." He says "that the extravagant praise which is bestowed upon it by some ardent admirers, ought to be received with caution; that the new doctrine, such as it has been presented by Hahnemann, and admitted as sacred by a great number of his disciples, does not, in our opinion, satisfy a just and impartial criticism." The whole work was, to some extent, written in opposition to Hahnemann, for the purpose of vindicating the scientific character of Homœopathy by making the various collateral sciences of medicine, pathology, physiology, semeiology, etc., tributary to the new goddess. Rau rejects Hahnemann's psora-doctrine; he repudiates Hahnemann's unqualified condemnation of old school nomenclature; he advocates with triumphant force the merits of old school diagnosis against the crushing and monotonous tyranny of Hahnemann's symptomatology; he condemns Hahnemann's dogmatic pedantry in the article of diet; in short, a vein of antagonism to Hahnemann runs through almost every page of the *Organon*, and it is for this very reason that this admirable volume was received by the thoughtless and unreasoning followers of Hahnemann—and at that time most of his disciples were thought and reasoned for by the master—with the most violent and bitter denunciations. Rau is looked upon by this narrow-minded class as a wolf in sheep's clothes, and "our friend Dr. Hering," will not thank our talkative reviewer for the trouble he has taken in recommending this logical and splendid, but independent writer of our school, to the homœopathic public. But let these fearless words of the noble genius be heeded with attention and respect: "I beg leave to remind my readers of the remarks which I offered in 1824, in the first edition of my work, entitled, *On the value of the Homœopathic treatment*, and which were intended to show the necessity of cultivating the new doctrine scientifically. Others have felt this necessity like myself; they have proclaimed it without fearing the reproaches of those who delight in servile obedience, and they have made every exertion to discover errors, to reject inadmissible hypotheses, to submit dubious

assertions to a severe criticism, and, above all, to develop the new doctrine."

I have now reached the fourth class of my objections, under the head of—

CHILDISH, UNPHILOSOPHICAL AND IMPROPER GARBLING OF MY TEXT.—To begin, the reviewer excuses himself for an evident unfairness. He professes to write an abstract review of my work, and yet explicitly declares that, what may not in his estimation involve a consideration interesting to the student or practitioner of Homœopathy, will remain unnoticed either for its excellence or errors. His business is to defend Hahnemann against Hempel, Teste & Co., or Teste, Hempel & Co., I forget which. At any rate let us honor the reviewer's kind soul for its good intentions to its illustrious master.

This chapter of my objections will necessarily appear very incoherent, for my object simply is to rebuke the improper garbling of my text, which Dr. Geib has taken the liberty of palming off upon the readers of this journal as a review of my *Organon*.

My *Organon* is not a work to be reviewed in this puerile fashion. Wherever Dr. Geib has taken a well-defined position I can meet him, and, so far, I have met him, but I cannot possibly follow him, through a long series of garbled quotations, which he offers in the place of argument, with all sorts of the strangest perversions of my own meaning. Let us take up a few of them and then have done with the business. For such readers of this or any other journal as are satisfied with Dr. Geib's mode of reviewing a serious and argumentative work, my *Organon* was not intended, nor is any scientific work of any scope.

In his first letter, for instance, he makes me say "doctors who refer to books and treat symptoms, uselessly multiply remedies." Then he goes to work, cutting up and carping at my Introduction, which the editors of this journal have been pleased to pronounce "a vigorously written and readable paper," in such a manner as to destroy, purposely to all appearance, its true import and object. Then he goes on in the following childish and unmeaning manner, apparently not knowing whether he ought to criticise or approve the garbled quotations :

"At the foot of p. 18, the phrase, specific method of treatment

is presented to us in a very definite manner." Then again: "At the foot of p. 20 our author says, the true, essential, positive, or, in a word, specific sphere of action of a drug, is limited to a very small number of symptoms." Again: "Here we are presented with a new term, viz. : starting point; and passing down to p. 21, we meet the phrase *distinct disease*." And so on to the end of the whole correspondence, such as "spirit of disease, starting point, bond of union," and ejaculations of this sort, having no sort of meaning when presented in this disconnected rambling manner, which is evidently resorted to for the purpose of impairing the force of my argumentation, not by legitimate reasoning, but by a system of foolish and undignified scoffing. It is utterly impossible, from the diatribe which Dr. Geib has offered in the place of a review, to gather the least idea of the object and bearing of my volume. It is within the legitimate province of a reviewer to review a work critically, but he is under all circumstances bound to furnish at least a correct bird's-eye view of the work before him, and not to distort the author's meaning, either wittingly or unwittingly, by garbling and cutting up his text, as with a pair of scissors. What the reviewer means by accusing me of mystifying the subject, on page 303 of the journal, I do not understand. What he quotes of my work in this paragraph, is not mine but Hahnemann's, taken from his own *Organon*. It is Hahnemann's suggestion that the process of dynamization which he has adopted for the preparation of our attenuations, changes the drug to a semi-spiritual agent, and that this agent has power to reduce the disease to a semi-material form, and thus to overcome it, and gently and without an apparent effort, free the organism from the hostile influence. All I do is to account for this proceeding upon the principle of attraction. And this is what my reviewer terms mystifying my subject. What a bright genius this gentleman must be possessed of!

On page 355 the reviewer has a last fling at my remarks, on the power which Hahnemann supposes to be inherent in some drugs, of producing symptoms of an opposite quality; not symptoms of *reaction*. I do not mean these. Half the time my reviewer does not seem to know what he is talking about. I allude to the symptoms which Hahnemann terms "*Wechselzustände*," alternate effects or conditions. He has noted a number of such in his *Materia Medica Pura*; for instance, symptoms 592 and 593 of *Ignatia*, the

one expressing fear, the other boldness ; or symptoms 492 and 493 of the same drug, which constitute alternate effects or symptoms with Nos. 494, 495, 496, drowsiness and sleeplessness, etc., two opposite orders of symptoms essentially inherent in the drug, not occasioned by the reaction of the organism. My reviewer evidently does not know any thing at all of this interesting feature of Hahnemann's great work. *Requiescat in pace !*

This might be deemed sufficient as a reply to Dr. Geib's roving review ; but I cannot forego the privilege of hinting lastly at his own—

PROPOSALS OF REFORM SUITED TO THE MEASURE OF HIS OWN CAPACITY.—My reviewer takes good care to keep open a loop-hole for himself to creep through in case he should feel tempted to offer a little bit of philosophy on his own account. And this opening he reserves to himself in the following paragraph, page 304 of the journal: "While all these wild speculations are working in the minds of enthusiastic aspirants to medical fame, our beautiful dilutions and triturations still work their magic wonders in the bodies of our rejoicing patients. And this, in spite of all the various theories, for their *modus operandi*; though not in opposition, of course, to some uniform principle, the true one on which their action may be based. And it is very natural that the rationale of this action should be a subject not only of curiosity, but of great interest to the Homœopathic physician." In the first place he gives us an exceedingly clear and comprehensive definition of toothache, which, according to our learned and sagacious reviewer, is "a pathognomonic affection, producing, during its access, many distressing concomitant constitutional sufferings." This definition will do just as well for colic, headache, neuralgia, etc., but no matter ; it is on a par with the reviewer's general learning and abjuration of philosophy. Then he timidly inquires on page 352 of the journal: "Would it not be desirable to add to these auxiliaries a little *castor oil*, to grind down indurated *feces*, which are sometimes as hard as stone, in the rectum?" Go it for the grinding down of *feces* by castor oil. Pure Hahnemannism, all this, undoubtedly ! Finally he favors us with the following, on page 492 of the journal: "I will take leave of this subject by expressing a hope that the arrangement of our *Materia Medica* may soon claim the attention

of some of the savans of our school, and be put in a form that will afford facility and certainty to the practitioner in the selection of his remedies.

The *regional basis*! My good soul of a reviewer not only hopes for such an arrangement of our *Materia Medica* as will make the selection of a remedy easy and certain, but he takes occasion to inform the savans of our school, among whom he does not seem disposed to number himself, that, if any one should be found presumptuous enough to think himself possessed of sufficient brains and love of industry to undertake the re-organization of our *Materia Medica*, he must not dare to proceed upon any other than the regional basis. What does the reviewer mean by his regional basis? In what would his regional basis differ from the regional basis adopted by Hahnemann? It is the adoption of this regional basis that has produced the woeful and truly chaotic confusion which pervades our present *Materia Medica*, under the garb of a repulsive and mind-destroying monotony. All the symptoms juxta-posed like soldiers in a regiment, without any reference whatsoever to their internal, or, in other words, physiologico-pathological relation. The homœopathic brotherhood, almost with one voice, has been clamoring for a restoration of the original symptom-groups as evolved by the different provers. These groups form integral portions of the physiological history of the drug, and would give the student a more or less correct and definite knowledge of the essential relation of the drug to the organism.

In common with others, I, too, desire to know the precise mode in which the whole series of the effects of a drug upon the organism developes itself in definite degrees of intensity, and in a certain order of successive relations; and I consider it essential, as a *Materia Medica* constructed upon scientific principles, that the correspondence of particular drugs to particular diseases should not only be vaguely and generally indicated, but that this correspondence should be pointed out and substantiated by the analogy existing between the physiological action of the drug and the pathognomonic signs of the disease. We know, for instance, that an intimate relation exists between hip-disease and a certain pain in the knee-joint; or that schirrus of the womb is frequently accompanied by paroxysms of nausea and retchings, distressing acidity of the stomach, etc.; or affections of the liver by a peculiar

pain at the top of the shoulder ; or that the appearance of certain eruptions is accompanied by the disappearance of certain constitutional disorders, and vice versa, that the disappearance of such eruptions leads to the reappearance of the internal malady. I deem it of importance that the effects of drugs should be studied and arranged with reference to these pathological conditions and relations, and no *Materia Medica* can claim to be a scientific work, where these correspondences between the physiological effects of drugs and the pathognomonic signs of diseases are not fully and clearly pointed out. In my *Organon* I have simply attempted, and I believe, attempted with success, to show by more comprehensive reasonings that such a correspondence ought to constitute the ground-work of a properly arranged *Materia Medica*.

The reviewer winds up his epistles with a handsome puff of Dr. Small's very excellent *Domestic Medicine*, for which both editor and publishers have no doubt been duly thankful.

HOLLIDAYSBURG, JAN. 4, 1855.

To the Editor of the Philadelphia Homœopathic Journal :

MR. EDITOR:—

When Hahnemann proclaimed the great law of "Similia similibus curantur," and established the practice of Homœopathy, he hit upon another equally important law, viz: the dynamization of medicines. It was the first law, he had been seeking,—by chance he found the second; for he certainly did not triturate his medicines in order to develop their strength, but in order to reduce their power; yet he soon observed that the strength of a medicine could not be reduced in the same ratio as the medicine itself. Yea, he found that even substances comparatively inert in their crude state, acquired medicinal properties by trituration.

This discovery was something so new and astonishing—something so entirely at variance with all that was known of the properties of matter in general, and medicine in particular, that he encountered the most obstinate opposition; and, even now, this law of dynamization is the great stumbling-block in the progress of Homœopathy, and, worse than all, although many explanations of it have been tried,

none seems to be satisfactory. Homœopathy is still what it has been, a strange process with strange medicines.

As to the law, "*Similia similibus*," there seems to be no very great objection and opposition; it is the law of the dynamization of medicines that causes the Homœopathic physician to be looked upon with scorn and distrust on one side and ridicule on the other. It is, moreover, the cause of dissensions among Homœopathists themselves, and threatens to tear up our ranks, much to the satisfaction of our opponents, the Allopathic physicians.

Having no desire, and, to tell the truth, not patience enough to undertake the proving of medicines, especially as our *materia medica* begins of late to look rather dropsical, I thought I could occupy myself better in trying to solve the great riddle. How far I have succeeded, I leave to your candid judgment. Many of those, if not all, who have not considered it beneath their dignity to inquire into the truth of Homœopathy, have hinted at the possibility that our process of trituration and dilution might be something similar to the process of developing electricity by a common electrical machine, but they never, so far as I know, could prove the identity. Others again, especially in this age of scepticism and materialism, seem to deny altogether the idea of any augmentation of the medical power of remedies by trituration, and discountenance, therefore, entirely the use of high potencies. A fierce war is raging now between the two parties; a war, as it were, between spiritualists and materialists, and this controversy, instead of tending to settle the matter, only makes it worse; the spiritualists going still higher and higher, and the materialists lower and lower.

Now, Mr. Editor, in my opinion, only one party can be in the right—the other must be in the wrong. Either there is such a thing as dynamization of medicines, or there is not; if there is, then let us try at once to prove it, if there is not, let us abandon our present way of preparing our medicines, using nothing but the crude drug, and holding fast only to the law "*Similia similibus*."

Let me try now to give you a few suggestions, which will enable us, I hope, to clear the mystery that surrounds our practice, and place Homœopathy on a scientific basis.

In my opinion, a development of power, an electrifying of the crude drug, takes place by trituration, similar or better, entirely identical to the excitement of electricity by the common electrical

machine. It will not be difficult to perceive this identity, if we do away with the idea that the glass tube or glass disc of the electrical machine is the body out of which electricity is developed by rubbing against a cushion. Suppose only for once, that glass is only the *exciting*, the leather of the cushion, or whatever is spread over it, the *excited* substance; that the electricity excited does not come out of the glass, but out of the substance whatever it be, spread on the cushion,—then where is the difficulty? *Electricity is as varied as the bodies around us; every mineral, plant and animal possesses an electricity of its own, which is evolved by rubbing, and carried over by the glass to a conductor.*

In accordance with this theory, I constructed for myself an electrical machine on a small scale, (the rubbing glass tube is nothing but a common two ounce bottle). I fastened the rubber below the tube, over which I spread successively, always using a new rubber for that purpose, different substances, as arsenic, sulphur, powdered ipecacuanha, powdered opium, etc., mixed up with a little grease to keep it on the cushion, and in all instances I had the satisfaction to see electricity excited.

So far the matter seems to be settled, but it remains to be shown yet, that electricity so excited is different according to the different substances used. To do this, however, I feel my inability for various reasons, one of which is, that I have not the use of a powerful electrical machine. Moreover, the electricity so evolved would have to be proved in the same manner, as generally has been done, which requires the co-operation of different persons. I thought it therefore best to lay the matter before you, as in your College you have more facilities for making the necessary experiments as well as the provings.

By using a powerful electrical machine, you could produce electricity of any required strength, and as there has been already electricity produced powerful enough to kill animals, I see no reason why we could not produce it of sufficient strength to make people sick and to elicit symptoms more decided and prompt than are generally observed in the common way of proving.

To fix the electricity to some non-medical substance, I would suggest to use bottles arranged like the Leyden jar, but without the tin-foil covering, and filled with pure globules. Whether the globules ought to be moistened or not, experiments will show best.

Let us take it for granted now, that the identity of the process of eliciting electricity by the common electrical machine and by triturating be established; what follows then? It follows that in preparing our medicines we have been wasting both sugar of milk and alcohol. It is not so much dilution and diminution of the quantity of medicine that we have to aim at, but rubbing and shaking in order to develop electricity out of the substance. As there is, in the common way of preparing homœopathic medicines, both augmentation of shaking and rubbing with diminution of substance, it is obvious that the developed substance in fact becomes smaller, but not in the same ratio as the substance is diminished.

It would be interesting to examine whether electricity is matter itself spiritualized as it were, or something different from matter.

More about this subject at some future time.

CURT PRETSCH, M. D.

A RESOLUTION OF THE HOMŒOPATHIC INSTITUTE AT ALBANY.

BY S. M. CATE, M. D.

MESSRS. EDITORS:—

A resolution passed at Albany by the American Homœopathic Institute, though intending to declare a great truth, from the amount of ground covered by it, we think, is liable to mislead not only the public, but some of the profession. It was there "*Resolved*, That we regard the homœopathic law as co-extensive with disease; and that a resort to any other medical means than those pointed out by the law *similia similibus*, is the result, in part, of the incompleteness of our *materia medica*; but mainly the result of a want of sufficient knowledge, on the part of the physician, of those remedies already possessed, and not an insufficiency of the homœopathic law." This resolution, we are told by the mover, is both *declaratory* and *explanatory*. In other words, it was intended to be definitive of the opinion of homœopaths with reference to the law by which they are governed in the administration of medicine. It is difficult, with a few words, to define the meaning of a single word without expressing *more* or *less* than is

due, and much more so in a single resolution to give a full exposition of the precincts of a science, without in some parts going beyond, and in others falling short of the thing intended. The above resolution is an example in point, as may be seen, first, by its comprising too much; as all understand disease to be any state that is not health or death—whether the derangement comes from some imponderable poison or from a mechanical injury, the rupture, fracture or displacement of parts. No doubt it was in the mind of the framer of the resolution to declare the law applicable to all those conditions of the system which are amenable to medical stimuli. But the failure will be most apparent when it is seen that the most extended import and scope of the resolution declares, that broken bones are to be set by similars; ruptured arteries tied by similars; poisons and crudities removed from the stomach by similars; as well as many other surgical matters that all can readily call to mind. In this respect, all will see that the resolution places us in a false position. It also expresses too little by excluding certain hygienic and physiological considerations, that we, as homœopaths, have the same right to claim as they of allopathy; as the removal of a placenta or coagulum from the womb; the bandaging of certain varicose limbs; the rousing of the vital force under certain conditions, as in asphyxia, fainting, and the sudden sinking of the system under certain circumstances, which has to be done with direct stimuli, friction, mechanical measures, etc.: and more, it is well known that sometimes the application of heat and cold tends to this very end. With some violent disturbances of the brain, there is coldness of the extremities, as the extremities are just as much minus blood as the brain is in excess. What man would hesitate under such circumstances to apply artificial heat to the extremities, and perhaps cold to the head, while still applying the law *similia* through his medicine. Such applications would not in any degree betray a want of confidence in the law of cure, any more than it would to apply splints and bandages to a broken limb, or a stomach pump to a stomach, and would only assert that the physician understood both the *vital* and *physical* structures which he had in hand—the vital with reference to those agents that were capable of modifying the action of the vital force, and the physical, as composed of tissue, locomotive capacity, canals, and as possessed of propelling powers.

These hygienic and physiological conditions have still further bearing upon our position before the public. As all works on homœopathy, when treating of disease, tell us the condition to which the person afflicted with any particular disease must conform in order to recover; one, to whom these conditions are as familiar as household words, might not consider how much depended upon their enforcement, but the novice is apt to learn by experience, dear bought and painful. We are told, for instance, that rest is a requisite that cannot be dispensed with after accouchment; after a fracture; in many acute inflammations, as well as in many other states; and that in certain other conditions, exercise is equally necessary. We are told that in some diseases the temperature must be kept at a high figure, and that in certain other diseases at a low one, and this is applied both generally and locally; as instances of the last, warm application to some abscesses to facilitate the exit of their contents, and cold to some fractures and other local difficulties. Does the observance of such conditions in any way imply a want of confidence in the law? To be more particular, suppose there is an acute inflammation of the right hand, for which Belladonna is the specific. The vessels of the hand involved in the inflammation are dilated and collapsed, and the return to health consists in the return of these vessels to their natural calibre. We might fully believe that the Belladonna was the thing to accomplish this desideratum, but suppose farther, that some abstraction of heat by the application of cloths wet with cold water, would very much shorten the process of cure, and in no way interfere with the action of the Belladonna, would such application indicate a want of confidence in the law? Would it not rather show that the physician had some knowledge of hygiene and physiology outside the law?

Rapou tells us that in a certain stage of typhoid fever the patient sinks rapidly unless broth is given to stimulate and keep the vital forces at a point where medicine can act; and Hartmann tells us of another state in the same disease, where *sweet spirits of nitre* to the nose (as a stimulus) is necessary to rouse the brain to a point where medicines could act on it; but does any physician, when he attends to these and other physiological and hygienic conditions, some few of which we have mentioned, (and certainly they have nothing to do with *similar*,) by so doing say to the world, "the reason I do this may be in the incompleteness of my *materia medica*,

but probably it is because of my imperfect knowledge of that *materia medica*." Most certainly that ought not to be the answer.

Then while we are a firm believer in the homœopathic law, we protest against any course that shall place us in these false positions before the public. When any of the conditions occur that require the application of principles over which the law does not extend, we wish it fully understood that we are guilty of no inconsistency in applying those principles. When we adjust a fractured bone, or attend to any other surgical matter—when we apply any of the well known principles of hygiene and physiology, while exhibiting the proper homœopathic medicine, we protest against putting it in the mouth of allopathy to say, "see this man with a law co-extensive with disease, invoke powers outside his law, and thus commit the absurdity of applying two co-extensives over one extension—see this contradiction of published principles and acted practice.

Still the feelings that gave birth to and sustained the resolution, were in the right direction and of the right import. The resolution, we are told, was intended to express to the world the confidence which we, as homœopathists, have in the principles we believe and practice, and it shows that they who offered and sustained it, are men who are strong from the success that has attended them in the cure of disease—full of that professional enthusiasm that comes from working out practically a great idea, which in its operation is bringing to man one of his greatest physical blessings. They wished to engrave their faith in letters of light. Those who opposed the resolution also had come with as much faith, ardor and love for the great central idea of homœopathy, as they who advocated it; only the latter had their minds very intently fixed on the law, while the former not only saw the law but many other conditions and circumstances, (some of which we have named,) and feared that the resolution would not justly define the position of the profession. Both parties conform to the best conditions with which they are acquainted, in the treatment of disease, and thus apply all and many more harmless but effective auxiliaries than we have mentioned. And in doing so, they are only acting the part of reasonable men, who use their judgment in the cure of the sick, both in selecting the proper medicine and dose, and in placing their patients in the best circumstances to enable the selected remedy to act.

INQUEST ON THE DEATH OF AGNES E. LOTTIMER.

BEFORE DR. GEO. C. BALL, CORONER, BROOKLYN, N. Y., BAKER & GODWIN.

"That which ye have spoken in the ear in closets, shall be proclaimed upon the housetops."

THE testimony in this case which is so generally regarded as an attack upon Homœopathy under guise of a legal inquisition, was published in the December Number of the Philadelphia Journal, from the report of the N. Y. Evening Post. The publicity thus given to the facts of the case, was all that the parties assailed demanded. But it seems to have been more than the assailants could endure. They have found the galling comments of the newspapers, the sting of failure, and the public odium, in which they stand too intolerable for silence, and have accordingly issued in defence of their case, the pamphlet of which the title is given above. The false pretensions which give this pamphlet an air of authority render necessary a reply, the most appropriate form of which will be a sketch of the history of the inquest and of this pamphlet itself.

The Coroner gave as a reason for holding this inquest, "the rumors of malpractice which were freely circulated in the neighborhood." Now it will be remembered that the child died at 11 o'clock on Saturday night. By 10 o'clock on Sunday morning, as we have reason to know, the Coroner had in person announced to the family his intention of holding an inquest. Any one who knows the habits of a city population on a Sunday morning in October, can judge how likely it is that rumors of malpractice were so freely circulated as to reach, before 10 o'clock, the ears of a Coroner who lives at least a mile from the house in which the death occurred—unless, indeed, the Coroner has longer ears, than up to the time of the inquest, his friends gave him credit for.

There is little room for doubt that the inquest was held in accordance with a deliberate plan formed by certain lewd fellows of the baser sort among the Allopathic physicians of Brooklyn, to damage Homœopathy through the agency of the Coroner. About a week before the death of Miss Lotimer, it chanced that a gentlemen of Brooklyn committed suicide during an attack of insanity, in the presence of his wife and her brother. He was under the charge of a Homœopathic physician who had pronounced him insane, and

warned the family to guard against such a catastrophe, an inquest was held at which the Coroner, an Allopathic colleague seemed desirous of making Homœopathy responsible for the occurrence. The jury however would not be influenced, but rendered a verdict in accordance with the facts. A few hours after the termination of the inquest, the Coroner and his faithful colleague returned to the house at *midnight*, and announced their intention of making an autopsy, as preliminary to another inquest, for the purpose of ascertaining whether poisonous drugs might not have been administered which had caused the insanity. The family refused to permit it. In his opening address to the jurors in the Lottimer case, the Coroner alluded to this case and deplored the obstacles which had prevented an investigation of the practice to which the patient had been subjected, and declared he would let nothing deter him in this case. This address was delivered before the investigation began; at a time, therefore, when nothing warranted the least suspicion that death had resulted from any other than natural causes. But the charge of a preconcerted plan rests upon direct testimony. During the progress of the inquest, the Health officer, encountering a gentlemen whom he supposed to be an Allopathic physician, but who is a Homœopathist, informed him that "they had talked the whole matter over in his office, and he had advised them not to hold an inquest, that they could never in this way put down Homœopathy, but would surely receive more damage than they inflicted," (it seems the object of the inquest was to "put down Homœopathy,") but that they insisted on executing their scheme; and he was anxious for the result! A very wise anxiety! But it is great pity the Health officer should have so incautiously bestowed his confidence. The Coroner, it seems, was equally unguarded. On the day of the second session of the inquest, in conversation with a non-professional gentleman, who suggested that abundant information had already been elicited to satisfy the jury as to the cause of death, and that the discovery of this is the legitimate object of a Coroner's inquest, that virtuous official replied, in effect, that he had undertaken to make it clear that the child had died from maltreatment, and he "would go to the old scratch before he would back down." This statement so astonished the gentleman to whom it was made, that he recorded it in writing and *the record is preserved.*

Of the manner in which the inquest was conducted, and of the part which was taken in the outrage by the Coroner's colleagues we shall speak elsewhere; We wish here to say distinctly, that we by no means supposed the great majority of the Allopathic physicians of Brooklyn to have been aware of the plan we have exposed. We are persuaded that they discountenanced the whole proceeding so soon as its character was understood by them. They evinced their disapproval by not attending the sessions of the court, and by ignoring the whole affair. It may be that some of them reflected that they too might, in the vicissitudes of fortune, become the object of a similar persecution, should a *Homœopathic* Coroner be elected, of sufficiently low character to lend himself to such a business. At all events, they stand in marked and honorable contrast to the few who were in constant attendance by the Coroner's side, suggesting questions and methods of procedure, and unmistakably indentifying themselves, in the court room, with the attack on Homœopathy, while, out of doors, they busily spread tales of poisoning by strychnine and other drugs. They may have forgotten that *these reports were often made before witnesses.*

Now to the pamphlet. It was published *anonymously* circulated *privately*. We were aware of its existence and of its being handed around among friends, on promise of its speedy return, by this and that one of the Allopathic physicians who had been the Coroner's aids; but all our endeavours to obtain a copy were fruitless, at last a notice of the pamphlet appeared in the N. Y. Daily Times. The Editor, being applied to, gave the names of the printers. These worthy gentlemen declined to name the author, until they were plainly informed that they would be held responsible for the libellous matter which the preface unquestionably contains, when—strange if it were not so!—they named, as the father of this work, one of the very same Allopathic doctors who had accompanied the Coroner to the house of the suicide, the same who had subsequently been his most active partisan and counsel in the Lottimer case, and the gentlemen to whom all witnesses agree in ascribing the greatest number of libellous assertions respecting the cause of death.

After the warning thus given to the printers, and their consequent disclosure of the author's name, the tide of the pamphlet's circulation received a sudden check. Copies loaned to friends were hastily called in. Doctors who had paid many extra visits daily to have

a gossip with admiring friends about this delicious morceau, which was to prove so bitter a pill to the Homœopathists, were, on a sudden, smitten with forgetfulness. They knew of no such publication. Certain they were, that no Allopathic physician had had any thing to do with it. A message was even sent to the Homœopathists, in the name of the gentleman, to whom the printers had attributed the pamphlet, disclaiming both the authorship of the pamphlet and any ill-will towards the parties, against whom the inquest had been directed. His disclaimer came too late. Against the evidence afforded by his words and works, it is lighter than empty air! So great a change did the single word "*Libel*," whispered in the printer's ear, work in the fate of this poor pamphlet. A few weeks ago it was lauded as a master-piece; now nothing is more assiduously forgotten.

The pamphlet professes to be a literal copy of the notes taken by the coroner himself, of the testimony as given at the inquest. It is introduced by a preface, which says very little, indeed, about the subject of the inquest, but, in very coarse and personal language, makes grave charges against Dr. Wells. The plea for its publication is the statement that the report contained in the *Evening Post* was garbled. It becomes necessary then, to state in what manner that report was obtained by the *Post*. Fears having been entertained that the investigation would not be impartially conducted, the precaution was taken of engaging professed reporters to make a verbatim copy of the testimony, both question and answer. From a copy of this report, abridged, *as stated in the Post*, by the omission of some irrelevant matter, the report in the *Post* was printed. These reporters were disinterested men, sworn to make a faithful report. The coroner plainly showed himself to be an interested party, and his notes, are therefore unreliable. Moreover, since the repeal of that portion of the law, which compelled a coroner to read his notes of their testimony to the several witnesses, and obtain their signatures, there is no guarantee of the correctness of his records. His notes, then, carry with them no official weight. That the coroner did not always record the testimony, as given by witnesses, was clearly perceived by all who were present at the inquest. It became necessary for the Homœopathic witnesses to correct his citation of their testimony to the Allopathic witnesses wherever such citations were made; nevertheless, the coroner per-

sisted in his misquotations, until, at length, the jury interfered and quoted correctly, from *their* notes, the words of the Homœopathic witnesses. He also failed entirely to note points of evidence which bore against him. Hence we see in his notes no mention of a case cited by Dr. Dunham, or of cases in the New York City prison, related by Professor Smith, or of Professor Gilman's admission that small-pox, (and a fortiori mumps too,) might exist for several days, before the appearance of the pathognomonic symptoms. The *internal* evidence afforded by an examination of the pamphlet is conclusive against its claim to be regarded as a reliable record of the testimony. The testimony of Professor Jos. M. Smith to take but one example, is from beginning to end, a mass of ungrammatical, unintelligible nonsense. Not a single idea is conveyed in the whole of it. Can any one suppose that the learned, cautious and eminently clear-headed Dr. Smith was ever guilty of such trash! Or could an *honest* coroner make such nonsense out of sense? One reflection may explain it. The case of Miss Lottimer was certainly an unusual one. Men may be long engaged in a routine practice without seeing a similar case. It is therefore probable that none but learned physicians, conversant with the general history of disease, would at once, from a description, understand its nature. Dr. Smith's attainments made it clear to him, and his testimony was favorable to the Homœopathists. Is this the reason why the coroner has given us so unintelligible a record of it? Having thus abused his own friends, we cannot be surprised that he should have shown no mercy to his enemies; that he should have made Dr. Wells say just what he did *not* say, and endeavored in every way so to present his testimony, as to give a color of truth to the charge of error in diagnosis and ignorance of Anatomy made in the preface. [See Note, page 682.]

But our charge of untruthfulness against this record does not rest merely on internal evidence. The coroner and his friends have again kindly furnished us with proof. On the day after the publication of the testimony in the Evening Post, Dr. Dudley, one of the Allopathic witnesses, for the purpose of correcting some errors in the report of his testimony, addressed a letter to the Post, containing a copy of the "*coroner's notes,*" of *his testimony*. On being compared with the report in the Post, a few discrepancies in language are discoverable, which, however, do not effect the

significance of the testimony, but, are such as a reporter would be likely to make. Now, it will be seen at once, that if this pamphlet be a correct copy of the coroner's record Dr. Dudley's testimony in the pamphlet and the testimony in his letter to the Post, *should agree to a letter*. Unhappily, they do not agree to this extent; there are quite as great discrepancies as between the letter and the Post's report. By this simple fact, the pamphlet is deprived of all the little weight it would carry as a faithful copy of the coroner's note. It remains an anonymous manufacture, disowned by its fabricator, a monument to the folly of the men who, to persecute a dissentient colleague, employed a weapon too heavy for their wielding, and who, when vanquished, had no kind friends to insist upon their keeping silence.

Various expedients have been resorted to for the purpose of "putting down Homœopathy." Academies of medicine have been organized on the principles that "brethren of the orthodox medical faith, must in all things support each other;" (this may account for the singular agreement of the witnesses respecting quinine, &c., in the Brooklyn case,) and that to "consult with Homœopathists is to countenance quackery." Test questions have been proposed in college examinations for the purpose of excluding students suspected of a leaning towards Homœopathy. But this is the *first* instance in this country of the invocation of the coroner's aid in support of Allopathy. We are greatly mistaken if it do not prove the *last*.

It is an expedient, however, which has been resorted to in England on several occasions. We deem it not amiss to place these cases on record. Having been so grossly assailed we may be allowed to expose to the public the animus of such assaults.

The first inquest upon the patient of a Homœopathic physician was held in London, in 1845. Mr. Cordwell a patient of Dr. Curie, had typhoid fever, in the course of which profuse hemorrhage from the bowels occurred. Dr. Curie was dismissed by the patient's friends, much against the patient's wishes, and two Allopathic surgeons were called in. Three days afterwards, the patient died. An inquest was held, the coroner alleging that Mr. Cordwell had died of starvation. The Allopathists who had made the autopsy, testified that the death had resulted from hemorrhage from ulcerated intestines. The evidence showed that all food administered by Dr. Curie had been rejected by the patient's stomach as

had been also the larger quantities subsequently given by the Allopathists. Dr. Curie was not allowed to present to the jury his views of the case or of its proper treatment, and under the guidance of the coroner, the jury appended to their verdict of "death from hemorrhage," an expression of their disgust at the system of starvation resorted to by Dr. Curie. Starvation, when two Allopathists had three days in which to save the patient's life by giving food! Starvation, when the patient *vomited* all the food that was given him!

In 1847, at Birkenhead, a child who had been successfully treated during two severe attacks of acute bronchitis by Mr. Norton (a Homœopathist,) was attacked a third time and treated for two days by Mr. Norton. An Allopathic physician was then called in and death ensued on the following day. The coroner informed the jury that the child had been treated homœopathically and that this treatment must, in his opinion have jeopardized the patient's life—that he had, moreover, twenty years ago, heard Sir B. Brodie say, that Homœopathy was a system which ought not to be generally adopted. Nevertheless the jury brought in a verdict of death from natural causes and were surprised that an inquest had been held, there having been no occasion for one.

In Taunton, in 1849, a gentleman, under the care of Mr. Blake (Homœopathist,) having died of apoplexy, as shown by the autopsy, an inquest was held, in which three legal gentlemen appeared on behalf of the medical profession and against Mr. Blake, in conformity with a determination publicly expressed by the Allopathic physicians of the town to crush Mr. Blake, whenever opportunity should occur, by getting a verdict of manslaughter against him through the agency of the coroner. The jury rendered a verdict of "death from the visitation of God."

In 1852, in London, a woman, attacked with pneumonia, was treated homœopathically by Dr. Jones. Two other Homœopathic physicians were called in consultation, who agreed in pronouncing the case hopeless. An Allopathic surgeon, Mr. McLaren, was called, and the patient, in a few days, died. This surgeon in his certificate of death, stated that the death resulted "from the neglect of her Homœopathic attendant and the general nullity of the treatment." Such being the alleged cause of death, the coroner held an inquest. Strange to say, the jury—in view of the facts that, during the same

week, in London, 95 other persons had died of the same disease, and that Mr. McLaren could give them no satisfactory reason why the deaths of these 95 should not be attributed to the impropriety of the Allopathic treatment they had received, as well as that of the woman in question to the nullity of the Homœopathic treatment—rendered a verdict of “death from pneumonia.”

Last and most extraordinary is the case of Mr. Pearce. A Mr. Pearce of London being seized with cholera, sent for an Allopathic surgeon who attended one day, when, finding him in a desperate condition, he desired a consultation with the patient's brother, a Homœopathic physician. The latter arriving, suggested that, as Allopathy had failed, Homœopathy should be tried. The Allopath consenting, the patient's brother, Mr. Charles Pearce, undertook to treat him homœopathically, the Allopath attending as a friend. The latter testified at the inquest that the patient rallied in the course of a few days, so far as to walk in the garden, when he suffered a relapse. His brother, Mr. Charles Pearce having been himself seized with cholera, was unable to attend him and two Allopathic gentlemen were called in. On the third day of the relapse he died. An inquest was held, these Allopathic gentlemen having expressed the opinion that the patient had died of *starvation*! The coroner during the course of the inquest, ignores the opinion of the first Allopathic attendant, that deceased had died of cholera, takes the responsibility of assuring the non-professional jury that the phenomena presented at the autopsy are those of starvation, refuses to call Homœopathic physicians as witnesses, notwithstanding the request of Mr. Pearce and the jury and informs the jury that Homœopathy is quackery. The jury under *direct and express instructions* from the coroner, brought in a verdict of “manslaughter!” The charge was brought before the Grand Jury who ignored the bill. The case was then, on the coroner's own depositions, brought up for trial at the Old Bailey. The prosecution having stated their case, Mr. Justice Maule disposed of it in a summary manner, severely rebuking the prevaricating allopathic witness, expressing with great warmth and indignation his astonishment that “any man could have been induced to say that the defendant was guilty of manslaughter, since, in his opinion, he had done everything possible under the circumstances, and the patient had wonderfully improved under his treatment”—while his asso-

ciate justice remarked, there was no doubt "the real fact was that this indictment was merely an attack upon the Homœopathic system." The jury rendered a formal verdict of "not guilty."

What are Homœopathists that they should be pursued with such untiring malignity by those who style themselves the "*regular*" profession? Ignorant impostors cluster around every system, (in almost direct proportion, too, to its success, and hence, probably, the *great* number of ignorant persons pretending to be Homœopathists.) Casting these out of consideration, Homœopathic physicians are regularly educated medical men, who studied and practised the Allopathic method until a method, which they consider better, becoming known to them, they abandoned the less for the greater good. Accumulating experience is rendering them, day by day, more certain of the wisdom of their choice, and they call upon their Allopathic colleagues to investigate the subject with candid minds and honest purpose.

What is their heresy so peculiarly damnable? Do they believe that medicine can do nothing against disease—that everything must be left to nature? If so, why persecute them? They are supported by the teachings of the "regulars" of the school of Vienna, and by a majority of that of Paris and Edinburgh, whom nobody molests. Do they, on the other hand, believe in the heroic treatment of disease by large doses and many of them? If so, they are supported by the "regulars" of the English, Irish and American schools, and by a part of the French. Do they believe that a "*law of cure*" is a chimera which can never be realized? If so, they but agree with the North and South German schools, and the élite of the Scotch, who are let alone of everybody. Or do they, on the contrary, believe that a law is possible, but protest that they have not yet found it out? Then they agree with the leaders of the French, and some of the English schools, and with the German chemists, who are admired on every hand. The misfortune is, they agree with nobody among the "regulars" and so everybody has a fling at them. Were they content with being just as wise as their neighbors, and just as successful, they might live and die in peaceful ignorance of coroners and inquests. But, instead of giving either *no* drugs at all, or enormous quantities, they give *small doses*; instead of denying the possibility of a law of cure, or crying out for a law yet undiscovered, they claim to *have found a law of*

cure, and call upon their colleagues to investigate and acknowledge it. They claim to be wiser and more successful than their old school colleagues, and, therefore, when public detraction and private slander fail to drive them from the town, the dogs of law are caught and trained to bay them.

NOTE.—It is charged that the Homœopathic attendants made an error in diagnosis by pronouncing what was “from beginning to end, a *simple* intermittent fever,” to be “first meningitis, then remittent, and then intermittent fever, and finally mumps.” On reference to the testimony, even as given in the pamphlet, it will be seen that the Allopathic witnesses, including those who made the autopsy, stated that from the phenomena there presented, it was evident that there had been meningitis, and from the history of the case they considered the form of the subsequent fever to have been first remittent, then intermittent. As to the affection which immediately preceded, and was the remote cause of death, they were divided in opinion, some positively affirming that it *could* not have been mere intermittent, and inclining to the belief that mumps might have been present, while others thought they could account for the whole on the hypothesis of intermittent alone. This is as near to an agreement as eight doctors ever get on the diagnosis of an obscure case. Nobody dreamed of calling it a case of “*simple intermittent*.” The author of the preface is quibbling upon the word *intermittent*, which is sometimes used in a broad sense as covering *every affection of a miasmatic origin*, but more customarily as the designation of *one peculiar type of miasmatic fever*. The Homœopathic witnesses expressly stated their opinion that the whole might have been of miasmatic origin. “*Simple*” it was not in any sense.

As to the other charge it is simply false. Dr. Wells never said there is “a free communication between the longitudinal sinus and the open air.” He never stated *positively* that the blood came from the head at all. Even the words of this falsified record do not sustain such a charge. He merely stated, when the coroner insisted on his accounting for the hemorrhage, that it *might* have come from the *lungs*, or from the *head*, although he attached no importance to the latter conjecture. (For obvious reasons these statements are reversed in the pamphlet.) He then stated that the

blood could not come from the head unless the longitudinal sinus were ruptured, the parts intervening (viz., the olfactory nerves in the foramina of the cribriform plate,) softened and destroyed, and great pressure exerted upon the blood in the brain—and that had the blood come from the brain, blood would have been found at the base of the brain. He was not present at the autopsy, and did not know whether this was the case or not. The question then simply resolves itself into a question of mechanics: given a perforated septum, the holes of which are filled up with softened matter, and a liquid resting upon the septum, and under pressure sufficient to free the holes—will the liquid pass through the holes? Thus the charge of ignorance of anatomy is disposed of.

C. D.

INTERMITTENT FEVER—CASES, AND REPORT OF THE TESTIMONY.

BY B. F. JOSLIN, M. D., LL. D., OF NEW YORK.

CASE I.—TERTIAN INTERMITTENT, CURED BY ONE MEDICINE, THE 200TH OF ARSENICUM ALBUM.

SUNDAY, OCT. 22D, 1854.—Mrs. G., aged about 40, has, for about a week, suffered severely from *Tertian* Intermittent Fever. Has taken no medicine. Each paroxysm to the last one inclusive, has been more severe than that which preceded it. Every second day she has a paroxysm, composed of chills, then heat, then perspiration. Tongue blueish. Thirst during the whole paroxysm; drinks frequently, but is satisfied with a little each time. Nausea and pain in small of back and lower limbs, during the cold stage. Debility after the paroxysm. The treatment commences at 5 P. M., and in the apyrexia.

R 20 doses Ars. 200, in solution, a teaspoonful dose every hour during the paroxysm as well as apyrexia. Nothing but sleep is to prevent its administration, at these short intervals.

Thursday, 26th, 5 o'clock, P. M. The fever immediately ceased under the use of the Arsenicum 200. No paroxysm after commencing the solution. Four days have elapsed without the recurrence of any portion of the fever. The blueness of the tongue has

disappeared. The patient feels much stronger than she had for weeks. Presuming upon her acquaintance with the usual prohibitions in regard to diet, I had given no instructions at the commencement of the treatment; and she made no change in her mode of living, but took, as usual, two cups of strong coffee every morning. As the medicine seems to have acted efficiently, I now allow her to continue her coffee, &c., as usual, and continue the solution of Arsenicum 200 in solution, 30 doses at intervals of three hours, *i. e.* 30 Ars. 200, f3j., 3h.

More than two months have now elapsed without any manifestation of the disease.

The symptoms of the above case were in an eminent degree arsenical. This was my reason for venturing on so high a dilution; and the height of the dilution emboldened me to repeat it so frequently, and to continue it through the paroxysm. In all those three respects, the treatment was unusual. It is an interesting question, how far the frequency of repetition may compensate for massiveness of dose, even in cases where the medicine may be somewhat less accurately selected. It is generally admitted that in acute diseases repetition increases the power. But frequent is only a relative term; and it is not yet ascertained, at what degree of frequency, if at any, the augmentation of frequency ceases to augment the total curative action. It is only with high potencies that the experiments for settling this point can be made with safety.

CASE II.—QUOTIDIAN INTERMITTENT, CURED BY ONE MEDICINE, THE 200TH OF ARSENICUM ALBUM:

In September, 1854, J. L., a boy nearly 4 years of age, was attacked in the country with a Quotidian Intermittent, which continued ten days; was then suspended for ten days; then returned for six days; again was suspended for eight days, at the expiration of which, on Thursday, Oct. 26th, he was again attacked. During a portion of the above time, he had been under the care of a Homœopathic physician; but I am unable to state what medicines had been given in the former attacks. I was called in on Saturday, Oct. 28th, at 4 $\frac{3}{4}$ o'clock, P. M., when the highly intelligent mother of the child, just returned with him to the city, gave the above account of the duration and intervals, also of the recent symptoms.

The fever occurs daily, and is composed of chills, then heat, then

perspiration with heat. It anticipates one hour each day. The stools are slimy. Urine of a very dark red color.

Before the chill there are, picking of the nose; grinding of the teeth; stretchings; sour eructations and coryza. *During the chill*, hands, feet and nose cold; thirst; yawning; blueness under the eyes; nausea and pain in the stomach. This chill commenced half an hour after mid-day. In the other stages of the paroxysm, none of these symptoms were present. The dryness of the skin had at this hour been succeeded by general perspiration; but much heat remained, and the pulse was still hard and frequent, 129. No other marked symptoms during the last two stages.

As the symptoms appeared to indicate Arsenicum strongly, and more so than any other remedy, and as the 200th potency in solution, at one hour intervals, had appeared to be effectual in the preceding case, the administration of this, and in the same way, was resolved on, and commenced at 5½ o'clock, P. M. in the following manner: R Ars. 200, sol. fʒj., 1 h. The solution was made by dissolving six minimum globules in one gill of water. This medicine was given, as in the former case, during the whole paroxysm and apyrexia, except when the patient slept.

Sunday, 29th, 4½ o'clock, P. M. The paroxysms returned. Fewer symptoms observed. Grating of the teeth, and thirst, both during sleep at night. Blueness of lips before the chill. Pulse now in the sweating stage, the same as yesterday. Solution of Ars. 200 to be continued every hour, as previously.

Monday, 30th, 4 o'clock, P. M. Greatly improved. The symptoms in general much milder. No blueness to-day. Muscular strength greatly augmented. The urine has become normal. Pulse reduced to 122, though the patient is seen half an hour earlier, and the paroxysm anticipated by only a quarter of an hour. R Ars. 200, 1 h. as before.

Tuesday, 31st, 4¾ o'clock, P. M. No chill at all to-day, and scarcely any undue heat observed by the nurse or mother—a great contrast, in this respect, between the state of the skin on this and former days. Free and general perspiration this afternoon, commencing at one o'clock. The little patient has been more active at play, even at the time when the paroxysm was due, then he has usually been during an apyrexia. Pulse now only 105. The same medicine continued at the same intervals.

Wednesday, Nov. 1st. No paroxysm of either chill, heat or perspiration; but from 10 $\frac{1}{4}$ o'clock to 11 $\frac{1}{2}$ o'clock, A. M., the patient's face was somewhat pale, skin rather cool, and humor peevish. He cried, and nothing pleased him. This would have been the time of a chill had the paroxysm occurred, and been anticipating by the usual amount of time. Pulse 100 at 4 $\frac{3}{4}$ o'clock, P. M. R Ars. 200 every 2 h.

From this time the improvement continued, and the same medicine was continued at intervals, longer and daily increased. There were no more paroxysms. In a few days the patient enjoyed more vigorous health than he had at any time in five or six weeks. The cure was begun and completed by Arsenicum 200 alone.

On the evening of the day on which the last paroxysm of the preceding case occurred, I was called to testify in relation to a case of Intermittent Fever complicated with Mumps. As your Journal for December, 1854, Vol. III., p. 556, copies the report in the Evening Post with all its errors, I beg leave to correct a few of the most important ones.

In the first paragraph, instead of "practised, &c.," read "practised *Homœopathically* between twelve and thirteen years." The reporter makes my whole practice shorter than the Allopathic portion of it; which he correctly reports in paragraph fifth, to have continued sixteen years, but he should have said in Chittenango, Schenectady and New York.

I stated that in severe cases of Intermittent Fever, there is generally congestion in *one or more organs* in the cold stage. There is no "serious" error in the reporter's abridgement of this, in paragraph second; yet I should not prefer the phrase "one or more congestions." I said *induration* of the spleen *may* be brought about by the use of Quinine; he reports, *inflammation would* be.

Paragraph eleventh is rendered unintelligible by the reporter, partly by wrong punctuation and partly by omissions. My object was to give a reason for the opinion, that two diseases extremely similar, cannot, for a considerable time, co-exist in a state of great activity. The following were my remarks: "If we give Belladonna in a Belladonna case of Scarlet Fever, we find that the Scarlet Fever becomes less intense. If the Scarlet Fever existed in the same intensity in which it did before, and the Belladonna action also existed, the totality of the two actions must be greater than

either, and we must, in that case, have a disease that would be equal to the sum of the two, viz.: that produced by the poison of Scarlatina and that produced by the Belladonna." This proves that the Scarlatina action does not co-exist with the similar Belladonna action, (after the latter reaches its height,) in the same degree of intensity that it did previously, the average and total result not being aggravation, but diminution of disease.

Were it not that I am averse to occupying much of your valuable space, I should particularly notice several other alterations, such as "exist," used by the reporter instead of *co-exist*, in several places, "primary case of Mumps," instead of *case of Mumps primarily*, &c.; "may be cured, *and* may run on," instead of may be cured, *or* may run on; "tertainly," instead of *tertiarily*; a "vaccine," instead of *vaccine*; "Mumps are translated," instead of "*Mumps may be translated*"; "solutions," instead of *solution*; "making pellets," instead of *medicating pellets*; "mistake Mumps for a swelling," instead of mistake Mumps for the swelling on the face called *ague-cake*—which last was the expression used in the coroner's question. The quotation marks above given refer to the expressions in the report. I suspect no *intentional* misrepresentations either on the part of the reporter or first printer. As to your edition, it is a faithful copy of theirs. The witnesses were placed too near the coroner, so that the answers naturally addressed to him, were often inaudible to others; but even the publication made from his notes, contains several important errors.

I will add a remark in relation to the two fatal cases. I stated in my testimony, that the first was a complicated case, in a man whose constitution was broken down; that there was diarrhoea and other complications; that the second was that of a very aged person, who died suddenly of disease of the heart, in a paroxysm of Intermittent Fever. I will here add, that this catastrophe occurred in the hot stage, so that it was not from congestion caused by the chill. It was correctly reported to the authorities at the time, as death from disease of the heart. My testimony in relation to these cases, if given in full, would show that in my practice there had been *no death from uncomplicated Intermittent Fever, under Homœopathic treatment*.

EXTRACTS FROM AN UNPUBLISHED LECTURE.

THE allopathic system of medicine, has, till within the last century, been regarded by the majority of mankind as orthodox in its nature. Although, in the records of its most experienced and authoritative sages, may be found doubts not only of its efficacy, but averment of much error, of more injury, and what is still more startling, of the fatal consequences of its practice. At the present day, it may truthfully be asserted, and the assertion can be sustained by the testimony of allopathic writers, that not only distrust of its curative power every where prevails, but that a great and intelligent portion of the community view it with fear and shrink from it with abhorrence. Indications of want of confidence within the pale of the profession are plainly manifest in the periodicals and other writings preceding the advent of homœopathy. Additional evidence of such misgivings revealing itself in the rapid and extensive spread of the doctrine, which certainly could not have taken place unless a preparatory condition of doubt had existed.

The want of confidence which allopathists themselves feel in their mode of practice, may be inferred from the avidity with which any new article or modification of means already known, is seized upon and practically adopted. Take, for example, the supposed power of lemon juice to cure rheumatism—doctor B—— having informed Mrs. C—— that doctor D—— had used it successfully in three cases—the joyful tidings is quickly communicated, and directly all the medical colleges with their satellites, prescribe lemon juice in every case of rheumatism, acute, sub-acute, simple or complicated. From this alleged efficacy in rheumatism, the idea at once suggests itself that lemon juice is equally omnipotent in the cure of other ailments, and accordingly it is recommended for the treatment of neuralgia and various disorders, till, in the estimation of the medical fraternity, it is speedily elevated to the rank of a panacea. Lemon juice indeed had long been used, though in combination with other articles of the *materia medica*. For example, in that world-renowned, neat, and chemically scientific compound, known as the neutral mixture, which, upon dispensatory and other equally reliable authority, possesses marvellous anti-febrile virtues. The announcement of remedies in this manner, and they daily spring up like fungi, in the decaying soil of allopathy, would find a more befitting place in

the columns of the London Punch, than on the pages of periodicals having the slightest pretension to a scientific character.

It would not accord with the intention of these brief remarks, to allude to the numerous and conflicting hypotheses of disease and its cure which, from time to time, through a long series of ages, have either distracted or united the medical profession. It may merely be stated that a review of the whole subject resolves them into two grand divisions, viz., increased and diminished activity; or, that in all diseases, no matter what their kind, character or degree, there is present a state of increased or diminished action—consequently, their treatment must consist in the application of means to reduce or invigorate. This idea extends through the entire range of medicine, and however disguised or concealed, serves as a basis for allopathic practice; although either so little discrimination is observed in its application, or so difficult is it to ascertain the division line between the *plus* and *minus* of morbid action, that physicians in most cases, to judge from their prescriptions, must either consider their patients during the first part of the *attendance*, as contending with excessive action; or else that a *plus* and *minus* condition are co-existent; inasmuch as medicinal compounds are given which are supposed to possess properties able to combat successfully with the somewhat paradoxical condition of an increased and diminished activity simultaneously existent. To the correctness of this remark all can testify—so often having witnessed the unfailing resort of allopathists to arteriotomy, venesection, cupping, leeching, blistering and the long catalogue of torturing and nauseous drugs, whose aim is to reduce; while with a view to invigorate, tonics, stimulants, roborants, &c., &c., are liberally employed. To meet conflicting indications, when disease becomes more than perplexing, both classes are used in conjunction.

Of all the various means employed to reduce the strength of the system, there is no single one which holds so prominent a place as the abstraction of blood. It has ever been deemed the sheet-anchor of allopathy, and regarded as absolutely essential for the treatment of disease. The orthodoxy of blood-letting has never till the present time been questioned, and with almost the entire allopathic profession it still maintains its rank as a curative agent. A modern authority, however, holding an elevated position in the medical world, not only denies its utility, but plainly and forcibly expresses

his conviction of its hurtful consequences. The following are a part of his opinions upon this cardinal point. They are quoted *verbatim* from two lectures delivered in London, in the month of July, 1853, in the *theatre of the Royal College of Surgeons*, by Fred'k C. Skey, F. R. S., Professor of Anatomy and Surgery to the College, &c. &c. &c.

This gentleman remarks,—“It is the privilege of our profession which makes its appeal direct to the mysterious laws of nature to encourage a spirit of independence in the minds of its professors. and which sanctions the expression even of extreme opinions in its lowest members without offence to others. It is my duty, in the office I hold, to comment on what appear to me errors of practice. In any comments I may make, therefore, I claim for myself what I willingly award to others, viz., the right to express my own opinions, whether those opinions are concurrent with, or in opposition to, those of the majority. I have no motive but an earnest desire to promote the cause of medical science by the propagation of truth.” Sentiments so just and manly should meet with a ready response, but Professor Skey has yet to learn the privilege he claims will not be recognized.

The professor asks, “How far is it compatible with the soundest principles of pathology to combat disease by the agency of depletion? You may abstract nine-tenths of the blood circulating within the body, and the cause remains behind, and now operating on debilitated vital power, whatever other cause the disease may be referred to, it cannot and ought not to be referred to the excess of quantity of blood itself, because it is notorious that inflammation is of more frequent occurrence after excessive losses of blood, or in constitutions debilitated by impure air, or the imperfect nourishment of food. Now, it is quite obvious, that a man weakened by loss of blood, whether natural or artificial, is less able to withstand the effects of irritation of every or any kind, than a man in tonic health, in that he has less power of reparation or of recovery; and that in abstracting blood in any considerable quantity, we are, in reality, depriving him of the only great safeguard by which his powers may be re-established.”

“The question may be fairly asked, cannot the fatal consequences of inflammation reach their crisis as fully with a reduced as with a full quantity of blood in the system? undoubtedly. Then it cannot

be the blood that is the single agent of mischief—why remove it when every ounce you abstract reduces in a like degree the powers of the nervous system and gives an ascendancy to the cause of irritation. For how many years has the profession been deluded and cajoled by false evidence on the condition of the blood drawn during inflammation! Is the blood buffed and cupped? Then bleed again and again, but in this unequal contest death pretty generally won the race, and the physician had only to lament that he had not bled earlier and bled more freely. Buffed and cupped were household words among the bleeding generation, the true disciples of the great Sangrado.”

“If a man fell down in the street, no matter from what cause, whether from inanition or repletion, the public cry was, ‘bleed him! bleed him!’ and the occasional resusancy of a sensible practitioner who was called into consultation with the multitude, raised the question of his professional competency in the minds of these self-elected authorities.”

“Upon what physiological or pathological principles is the practice of general depletion in inflammatory diseases founded? It might surprise those who resort to the lancet with the same freedom and unconcern as they employ a stethoscope, to learn that science yields no sanction to their practice. By such practitioners, the blood is deemed the agent or rather the identity of inflammation, therefore, by the abstraction of blood we reduce the proportion of the great element of the disease. But advance a step further and what are the deductions to which we are driven? The blood is notoriously the great agent of life—without it life would cease,—therefore, by removing or diminishing the quantity, we are really abstracting the first element of life. We cannot deal with the blood while in the body, but as a *whole*. In the laboratory, indeed, it is practicable, but not in the system. Its several constituents in the former alone are under our control, and the objects of our analysis. Suppose it be established, that in inflammation a certain constituent of the blood is in excess, can we remove this morbid material by depletion, excluding the remaining constituents, on the presence of which life depends.”

To these sentiments of one of the high priests of the temple of Æsculapius the entire world will soon yield assent. Space does not permit farther quotation from these lectures, which, with blood-

letting, condemn equally all other medical means, especially those medicines which act upon the *alimentary canal*, and whose aim is to reduce the strength of the system. To all these means, the sentiments he utters are mortal stabs, and never did culprits go so long unwhipped of justice, or more richly deserve detection and punishment.

It is not, however, necessary, to cross the Atlantic to discover causes of disagreement in the allopathic brotherhood. Many such instances of discrepancy are exhibited in a report of a sub-committee of Councils of this city, printed in Philadelphia in 1849, in relation to the adoption of the best sanitary measures in anticipation of a threatened invasion of Asiatic cholera. Circulars containing certain interrogatories were addressed exclusively to allopaths. A question proposed is, "Is it proper to water or sprinkle the streets before cleansing them, or at any other times, and what precautions, if any, would it be desirable to employ during the summer while cleansing the streets and gutters?"

To which Dr. — replies, "*It is proper* to water or sprinkle the streets before cleansing them." Dr. — answers, "The gutters should be well washed, but I think it *unadvisable to sprinkle* or wet with water the pebble pavements of the streets during the epidemic." Dr. — says, "The streets should *not be sprinkled* but thoroughly cleansed by opening fire-plugs and hydrants." Dr. — replies, "I do not think that when the streets are sprinkled, it can remain long enough to be injurious." Dr. — writes, "They *should be fairly sprinkled before* cleansing them; they should *also be sprinkled moderately* for the refreshing *the air*." Dr. — answers, "I advise that they be swept *while dry*, and as often as practicable consistently with the public arrangements." Dr. — says, "As moisture when combined with heat is one of the chief *sources of malaria*, it *must be obvious* that to sprinkle *cannot fail* to be *injurious* to the health of persons in the vicinity." Dr. — answers, "I have no hesitation in expressing *my conviction* that in sweeping the streets in dry weather it is *better to sprinkle them*." Another replies, "I consider the practice of watering the streets during the heat of the day *very objectionable*; every such sprinkling promotes decomposition." Dr. — writes, "It is proper in *very dry* weather to sprinkle the streets *before* washing them."

It will be perceived that allopathy is not particularly harmonious

upon the subject of street sprinkling. The replies contained in the same precious pamphlet upon disinfecting agents, their necessity and the kind to be used, are equally amusing. Well might the contributors to this *morceau* with the sufferer of antiquity exclaim, "Oh! that mine enemy would write a book."

But to turn from the consideration of that stupendous system of error known as allopathy, which, when examined with an intelligent criticism, like the colossal figure of sacred history is discovered to rest upon feet of clay; and which also may not inaptly be compared to a landscape enveloped in dark clouds, torn and devastated by a whirlwind, and glance for a few moments at another picture, reposing serenely in the beams of a more genial influence.

The aim of physicians has ever been to cure disease. The real nature of morbid action, however, eluding their most diligent pursuit, prompted to the construction of theories, which, although having some facts for their basis, were mainly composed of conjecture. Upon these fabrications were founded rules of practice, which necessarily must have been for the most part either inefficacious or hurtful. Homœopathy has no such origin, but claims to be a law of nature, accidentally revealed to Dr. Samuel Hahnemann, while engaged in observing the symptoms produced upon himself when in health by taking Peruvian bark. The symptoms which he then experienced he noticed were similar to the symptoms of some cases of intermittent fever, and well knowing that that form of disease was sometimes cured by Peruvian bark, the truth at once flashed upon his mind that to cure disease, medicine must be administered which produces upon the healthy body symptoms resembling the symptoms of the disease to be cured, or "*similia similibus curantur*."

When any discovery is made and attains celebrity, there are always those who either themselves claim to be the discoverers, or attribute it to others, rather than to the individual to whom it justly belongs. It is true, that a few physicians before and since the lifetime of Hahnemann, satisfied with the impossibility of acquiring precise knowledge of medicines by their use upon the sick only; recommended their trial upon the healthy body; but in most, if not in all the instances, with a view to their application to contrary and not to similar symptoms. The suggestion, however, never received any experimental application deserving of notice, and unless the

science and sagacity of Hahnemann had seen and tested its importance, the law might still have been unknown to the human race. To that illustrious individual therefore let all cheerfully award the meed of merit.

But the existence of an universal law of cure is stoutly denied at the present time, by many physicians of exalted station, and of extensive attainments. The law certainly annihilates all their hypotheses and betrays the errors and inconsistencies of their practice. For contradicting reasons such as they adduce to sustain their position, Galileo was imprisoned; Newton assailed; Fulton ridiculed; Harvey pronounced a lunatic, and Jenner a fool.

Hahnemann at once proceeded to test the truth of this fundamental law, to do which the first step was to obtain, in a state of health, the symptoms induced by several articles well known to be possessed of medicinal properties. In the prosecution of these experiments, Hahnemann secured the co-operation of friends competent by education, and accustomed to close observation. These trials continued almost uninterruptedly for a period of nearly eighteen years. The privations and dangers to which these provers subjected themselves, exhibit an instance of devotion to the cause of humanity and science to which history affords no parallel.

The next step was when cases of disease presented themselves for treatment, to collect all their symptoms and administer those medicines, which, when taken in a state of health, had evolved symptoms resembling the symptoms of the cases to be treated. Hahnemann and his colleagues were not disappointed in the result, inasmuch as the extinguishment of disease was effected. Ever since a numerous body of Homœopathic physicians have been verifying the certainty of the law.

It is true, as has been already observed, that this eternal truth destroys all the hypotheses of medicine, ignores all previous conjectures and consigns to oblivion as a whole, each artificial *Materia Medica*. It requires revolution, it cannot adapt itself to reform. The figments of men's brains cannot contravert the behests of nature. Galileo had to contend with the pride, ignorance and prejudice of the philosophers of his day, yet in spite of all their clamor, the sun always had been and always will be the centre of a system. Harvey encountered opposition almost as violent, yet the blood ever had, and still will continue to course along the blood-vessels.

Having endeavoured to define clearly the law of Homœopathy, we are next led to the consideration of a subject which more than any other in connection with the law, has been the fruitful source of wit, incredulity and opposition of every kind and degree, viz. : the minute doses employed. The law of Homœopathy requires that to cure disease, medicines be given, whose symptoms in health correspond with, or resemble the symptoms of the disease to be treated. The law, therefore, as a simple proposition, takes no cognizance of the dose. The efficacy of medicines in infinitesimal doses, was an after discovery—was the corollary to the problem.

Before proceeding farther it may be observed, that the proper comprehension of symptoms embraces a boundless range of knowledge. It presupposes an acquaintance with the laws of healthy life, and requires a thorough acquaintance with Anatomy, as well as all the collateral branches of medicine. It demands a proper appreciation of the different degrees of derangement ; a knowledge of *morbid alterations of structure* ; of secretions and sensations ; of primary and secondary phenomena. It likewise embraces within its estimate circumstances of position, time, season, diet, mode of life, occupation, telluric and atmospheric influences, mental condition, sleep, dreams, signs obtained by auscultation and percussion, respiration, vision, gait ; in a word every thing that has the nearest as well as the most remote bearing upon the science of medicine. The law of *simile*, for its practical success, requires a deeper and more precise acquaintance with Pathology in the widest signification of the word than is deemed necessary for the practical application of any system of medicine ever broached or practiced.

While watching the effects of medicines in ordinary doses upon the sick, Hahnemann noticed that violent medicinal perturbations were induced, which embarrassed curative action, and retarded rather than facilitated recovery. He then reduced the dose, and still with like results, and continued this reduction until he ascertained that infinitesimal quantities were all sufficient to conquer morbid action, and in the quickest, safest and most agreeable manner. A result which might have been anticipated, inasmuch as a certain condition of susceptibility of the body is necessary for the action of medicinal agents ; which susceptibility to a greater or less degree, is always developed in disease. Even the routine practice of Allopathy is informed of this fact, and is, at times, though upon

superficial empirical observation enabled, happily, to embrace it within the compass of its Therapeutics.

Volumes might be engrossed with examples of the powerful action of infinitesimal atoms upon special and ordinary susceptibility in healthy persons, and of greatly enhanced susceptibility in states of disease. Chemists and physicians have never been able to ascertain or even form an idea that could be sustained by satisfactory proof of the nature or material properties of the poison of small-pox, measles, scarlatina, hooping-cough, yellow fever, cholera, or of any single one of the many malignant, contagious or epidemic diseases. The air in which these noxious influences exist, differs nothing by the most rigid analysis from the purest air inhaled.

These few familiar examples alone are sufficient to prove the power of infinitesimal atoms. That often they do not act, is no evidence of their want of power. A special susceptibility being a prerequisite to respond to their activity. The instrument must be properly attuned to produce the desired note. The ordinary street noises are for the most part unheeded by the healthy inhabitants of cities, but when disease attacks the brain and enhances susceptibility, the slightest sound, even that of a cautious footfall, may so irritate as to jeopard the patient's existence. Ordinary or stimulating food or drink, is daily used by persons who when susceptibility is aroused by sickness, could not without detriment, bear the slightest quantities of either.

"The contents of all the bottles of a Homœopathic medicine chest may be harmlessly swallowed," triumphantly exclaims the Allopathic neophyte, as do the Gamaliels of the same school, "a proof that the globules are impotent, and of the folly of reposing confidence in so barefaced an absurdity." This logic, however, when examined will be found to be not quite so conclusive as is imagined. The particles of light are, it will be admitted, equally minute as the Homœopathic doses, yet when they impringe upon the healthy eye, their action is productive of the exquisite sense of vision. If the eye, however, be in a state of morbid sensibility, the accompaniment of ophthalmia, the contact of the same light would not only provoke intense and agonizing pain, but might rouse up inflammation in the brain itself. From this example may be inferred that medicinal agents also in the different conditions which exist in a state of health, and in a condition of disease, are in the

former powerless and in the latter powerful. Of the deleterious consequences of atoms or infinitesimal doses upon individuals, we find additional examples in the paralysis and colic of painters, in the various and distressing ailments of arsenic upon the workers in that metal, and of mercury upon those engaged in its use. The *modus operandi* of medicines, or the recondite operations which are performed in the human organism by which certain effects are produced, have baffled the most searching scrutiny.

Many very curious notions are entertained of the action of Homœopathic medicines. One party believing them to be capable of producing extreme poisonous effects. Another that they are entirely destitute of medicinal virtue, and a middle group—probably the most numerous of the *trio*—each individual of which, rather paradoxically, with a good deal of fervor, advocates both opinions. These notions, to be sure, are with some gratuitous; with others the growth of profound ignorance; while with others they are wilful misrepresentations. The truth is that a large proportion of the medicines employed in Homœopathic practice are the same as those prescribed by Allopathic physicians. The remainder are new ones introduced into the *Materia Medica*, after their properties had been ascertained by trials in health, confirmed by clinical experience.

For medicine to act it is manifest that contact alone is essential. This contact can only take place upon the exterior parts or surfaces of the agents, and those parts of the human body to be acted upon. It is equally evident that as these surfaces of contact are multiplied, the greater will be the certainty of obtaining desired results. The necessity for such exposure of surface has ever been universally recognized by the profession, in the fact, that the chief aim of pharmacy, in the preparation of all medicinal agents is to increase their extent of surface. This end is attained whether the medicine be prepared by pulverization or precipitation, by solution in water, acid, alcohol or any other *menstruum*. Even in the more ingenious and scientific methods to which the chemist resorts when he separates from a single drug, those different ingredients, to each of which peculiar properties are supposed to belong; from opium for example. Although in these the products are often made to assume a compound form, still the prevailing endeavor is to detach surfaces from admixture, and thus by their exposure to afford them opportunity to exert their peculiar forces.

Though so obvious is the fact, that by the exposure of surface increased medicinal power is obtained, an arbitrary limit was assumed, beyond which no farther division was attempted; and thus as in many other instances in the world's history, the researches of men of science and observation were arrested upon the threshold of an important truth. The explosion, by the application of heat, of tightly closed vessels containing water had been known, but it was reserved to the present age to discover all the important purposes to which the power of steam can be applied. The phenomena of electricity and galvanism likewise must long have attracted the attention of mankind, yet the lightning rod of Franklin, and that greater marvel the electric telegraph, are of recent birth. The hoofs of the hunter's steed or the foot-steps of the self-denying minister of the gospel, on the uncultivated plains of California, doubtless often had upturned the rich ore, yet no suspicion was entertained of the inexhaustible treasure every where spread around. Doctor Hahne-mann crossed such boundary lines, and the prosecution of his researches in these new regions of science have disclosed treasures of inestimable value. He not only ascertained by repeated experiments that medicines by division into atoms, minute beyond material appreciation, are capable of exercising much power, but as the trituration was still farther continued *new* properties were liberated, by which many diseases of a perplexing and vexatious character are capable of easy management. Provided that in each instance the phenomena of the medicine and the phenomena of the disease precisely correspond.

He still further discovered that there are substances which, when in a state of impalpable powder, possess none or very trifling medicinal qualities, when divided and subdivided into atoms of extreme tenuity become possessed of remarkable curative action. As examples of these latter kind, I mention *Lycopodium*, *Carbo vegetabilis* and *Silicea*. The first, *Lycopodium*, in a state of powder has very limited action. By Allopathists it is considered inert, and is used in their pharmacy merely as a mechanical obstruction to prevent the sticking together of pills and boluses. Yet this substance, when its parts are still farther subdivided, is capable of relieving acute and chronic rheumatism, gout, and other inflammatory conditions, also epilepsy, dropsical affections, various cutaneous diseases of an extremely offensive and serious nature, gastralgia and many

of the varied forms of dyspepsia, and a host of other ailments. *Carbo vegetabilis* though when levigated displays more properties than *Lycopodium*, has still a narrow sphere of operation, but when its particles are again and again subdivided, exhibits new energies and cures a long catalogue of diseases, which would baffle all the skill and science of treatment other than that in accordance with the law of *simile*. It restores strength when lost by excessive losses of the animal fluids, controls inordinate and morbid secretions of mucous membranes. No tonic nor stimulant in any artificial materia medica, can compete with it. Gangrene, mortification, the worst forms of typhoid fever, and the collapse of cholera yield to its power. The remaining one of the three medicines selected for notice is *Silicea*, to which attention is more desired from the circumstance of its affording professional opponents frequent occasion for the expenditure of a considerable amount of wit, as well as of furnishing them with what they consider an example sufficient in itself to condemn the cause which it is intended to support, yet though a grain of sand or *silex*, or forsooth a handful of grains, when in a coherent native state might be swallowed with impunity; if subjected to repeated trituration becomes possessed of powers of a kind so surprising, that their frequent observation alone forces the conviction of their reality. To enumerate the symptoms which *silex* can remove would occupy more than the time allotted to a lecture. To understand intelligently its genius, and to master its application to isolated or complex groups of symptoms, calls into requisition the best energies of the mind.

There is another circumstance of a curious and important nature, arising from this exposure of surface, which is, that increase of power comes not only from the multiplication of surfaces in the aggregate, but that the power of each particle is enhanced. Not to occasion mechanical or chemical irritation, but by dynamic action to produce curative effects. Electricity and magnetism furnish phenomena of an analogous kind. "By splitting a plate of *mica*, electricity is developed. Free electricity is confined to the surfaces, interior parts contain none. By dividing a solid ball into smaller ones, much of what was interior becomes surface, and the same weight of matter can receive *more* electricity. In the *interior* a magnetic bar has no apparent magnetism, none at the *middle of its surface*, but when broken in the *middle* becomes magnetic *instantly*

and *spontaneously*. In drawing off electricity a bundle of wires in *close* approximation will draw *less* than a single rod, but when separated their power will be a thousand fold increased."

A thought blends itself with our reflections upon the subject of infinitesimal doses which still more forcibly fastens conviction upon the mind, that any certainty of expectation to cure disease can most reasonably be indulged by a recourse to medicines in a state of minute division. The investigations of anatomy, assisted by microscopic examinations, show the body to be composed of an infinite series of fibres, tissues, canals, &c., so minute as to elude at a certain point all further inquiry. How then, it may be asked, can medicinal agents in any other than in a state of imponderable tenuity reach this remote, intricate and refined organization? As the *imponderabilia* heat, light and electricity they likewise must move and reach their points of contact, leaving as those realities no other evidence of their presence, than the actions they establish.

The investigation of this subject will not be further pursued in this brief essay. Its comprehensiveness requires a series and not a single composition. In its consideration consciseness and injustice are inseparable. The pleasure which a knowledge of these truths imparts, is somewhat embittered by the opposition they receive. An opposition as unreasonable as it is violent, which imputes motives as dishonourable as they are unfounded; and evinces a spirit of persecution, which had it power would not stop short of the infliction of professional, social, and civil disqualification. Fortunately there are those among Homœopathic practitioners who are possessed of such an amount of those three attributes, as to place them very far beyond even a more extravagant *furor*. In addition to which the *animus* of the age permits not free thought to be fettered, nor the offspring of truth to be smothered.

Faint and still more faint are heard the echoes, "like the memory of joys that are past, pleasing and mournful to the soul," of the assertion once so loudly and positively uttered, that Homœopathy is rapidly losing the confidence of the people, not only in these United States, but in England, and on the continent of Europe.—Probably the following facts, from many of a like kind would not be adduced in evidence of this downward proclivity.

The writer has now before him the names of twenty-nine Court-Councillors to different places of note on the European Continent.

The location of some of these are St. Petersburg, Dresden, Baden, Vienna, Leipzig, Hanover, Frankford, Milan and Munich. This is a post of high honor, unknown of course in this republic, and filled only by physicians of attainments and extensive reputation. I have also before me the names and location of fifteen medical councillors to different sovereignties and governments of Europe—an office bestowed only upon medical gentlemen of superior qualifications.

From a list of Court physicians, the following are selected, viz :

- DR. AEGIDI, Physician to H. R. H., Princess Wilhelm of Prussia.
- DR. ALTMULLER, Surgeon to H. S. H., the Grand Duke of Hesse.
- DR. BACKHAUSEN, Physician to H. R. H., the Princess Frederick of Prussia.
- DR. BIGEL, late Physician to H. I. H., the Grand Duke Constantine.
- DR. CRAMER, Physician to H. R. H., the Grand Duke of Baden.
- DR. GOULLON, Physician to H. R. H., the Grand Duke of Weimar.
- DR. HARTUNG, Physician in chief of the Austrian Army in Italy. [This gentleman was physician to H. I. M., the Empress Maria Louisa.]
- DR. HORATUS, was Physician to his late Majesty Francis I., of Naples.
- DR. KAUSTMANN, Physician to Prince Von Russ, at Ebersdorf.
- DR. KURTS, Physician H. S. H., the Dutchess of Anhalt Dessau, Princess of Prussia.
- DR. LEHMAN, Physician to H. S. H., the Duke of Anhalt Koethen.
- DR. MARENZELLER, (Physician General of the Austrian Armies,) Physician to H. I. H., Archduke John of Austria.
- DR. QUIN, Extraordinary Physician to the King of Belgium, ordinary physician to H. R. H., the Dutchess of Cambridge.
- DR. NECKER, Physician Extraordinary to H. M., the King of Prussia.
- DR. NUNER, Physician to her most Catholic Majesty, the Queen of Spain.
- DR. ROMANO, Physician to H. M., the Queen Dowager of Naples.
- DR. SCHMIT, Physician to H. S. H., the Duke of Saxe-Meiningen.
- DR. VORBORD, Surgeon to H. S. H., the Duke of Saxe Coburg.
- DR. WEBER, Physician to His Majesty the King of Hanover.

Very many distinguished professors have renounced allopathy, and adopted the law of *simile*, among whom are,

Professor Amandor, of the University of Montpellier.

J. W. ARNOLD, Professor of Pathology in the University of Urich.

DR. H. ARNITH, Professor in the General Hospital, Vienna.

DR. BIGEL, in the University, St. Petersburg.

DR. BOTTO, Professor of Surgery in the University of Geneva.

DR. BUCHNER, Professor of Homœopathy in the University of Munich.

DR. FOLCH, Professor of Pathology, University of Barcelona.

DR. DESGUIDI, Professor at Turin.

With many others, some of much celebrity, I will not occupy your time to mention.

Nor can I unroll the long catalogue of non-professional individuals who are aiding to promulgate this great great truth. The

Emperor of Austria recently has been cured of a cerebral affection, which allopathy had fruitlessly endeavoured to relieve. Marshal St. Arnaud, Minister of War in the Cabinet of Louis Napoleon, has recovered under homœopathic treatment, his allopathic advisers, in despair of his restoration to health, having advised his removal to the south of France. Providentially he met at Marseilles, Doctor Chargé, a practitioner of homœopathy. The Emperor of France has since summoned Dr. Chargé to Paris. His Excellency Chevalier Bunsen, one of the most profound scholars of the age, Minister Plenipotentiary and Envoy Extraordinary from Prussia to the Court of St. James, is among its zealous friends.

Very many of England's most exalted nobility, such as the Earl of Wilton, the Dutchess of Cambridge, His Grace the Duke of Beaufort, Field Marshal the Marquis of Anglesey, K. B., His Grace the Archbishop of Dublin, the most noble the Marquis of Worcester, together with a host of distinguished warriors, statesmen, scholars, philosophers and physicians throughout the world. Even Sir Edward Bulwer Lytton, who, in his last capital fiction of "My Novel, or the Varieties of Life," so pleasantly handles Homœopathy, is now among its friends. In her late production, the well known Swedish novelist, Miss Bremer, warmly extols its merits.

This very imperfect sketch of the present condition of Homœopathy terminates with the names and location of the Homœopathic hospitals now in existence.

Homœopathic Hospital in Vienna.

Homœopathic Hospital, Linz, Upper Austria.

Kremsier Homœopathic Hospital.

Homœopathic Hospital, Nechanitz.

Homœopathic Hospital, Gyongyos.

Homœopathic Hospital, Turin.

Homœopathic Hospital, Nice.

Homœopathy in the General Hospital, Madrid.

Homœopathic Hospital, Moscow.

Miskoltz Homœopathic Hospital.

Homœopathic Hospital, St. Petersburg.

Homœopathic Clinic, Leipzig.

Homœopathic Ward in the Hospital St. Marguerite, Paris. This department contains one hundred beds. Dr. Tèssier, its physician, has always ranked among the most able and talented of Parisian practitioners. He has lately published a comparative statement of the results in St. Marguerite, of Allopathic and Homœopathic practice, much to the advantage of the latter.

There is also at Calcutta a Hospital, called the Calcutta Native Hospital.

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
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PHILADELPHIA JOURNAL OF HOMŒOPATHY.

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ORIGINAL COMMUNICATIONS.

CONTRIBUTIONS TO HOMŒOPATHY FROM THE FLORA OF BARBADOS.

BY FRANCIS GODING, M. D.

[CONTINUED FROM PAGE 617.]

I avail myself of this opportunity to state that, since the publication of the remarks on "*Comocladia*," at page 611 of the January number of this Journal, Dr. J. G. Houard, in reference to the *Guao* of Cuba, has informed me of the vernacular term *guao* being indiscriminately applied by the inhabitants of Cuba to two species of *Comocladia*, possessing similar physical properties. Of these plants, *C. propinqua* and *C. dentata*, Dr. Houard says that the latter is considered much more powerful in its effects, and that it answers to the description I have given of the *guao*, which, I surmised, might be the *C. propinqua* of Humboldt's *Nova Genera*. On a further reference to the specific characters of the two plants, and by a comparison of these with Dr. Houard's personal observation of the differences existing between them, which are sufficiently distinctive, there can be no doubt that the *guao* I have alluded to is the *Comocladia dentata*. Dr. Houard further informs me that the *guao* is now in the course of proving for that valuable society, the "Provers' Union."

[CAPSICUM BACCATUM. *Bird-pepper.*
PENTANDRIA MONOGYNIA. *LURIDÆ, Lin.*

This species is one of the most mild and pleasant of this active and corrosive genus. It is less pungent and (abstracted from its

burning effects on the mouth and tongue) is of a better and more grateful flavor. As a medicine, pepper is warm, stimulating, and stomachic, and the prudent administration of it may often be necessary and salutary. In the low nervous fevers of this region, where there is great prostration of strength, attended with delirium and watchfulness, and where the *vis vitæ* requires to be awakened, as it were, from its lethargy and inactive state, cataplasms from the berries of the plant are frequently applied with success. In the putrid and ulcerated sore throat, which is generally attended with this kind of fever, the pepper, in the latter part of the disease, has been found useful, but, as much injury has been produced by its too early administration, before the inflammatory symptoms have disappeared, it seems to have fallen into total neglect. A few drops of the expressed juice of the berry, absorbed on a bit of cotton, and applied to the hollow part of a decayed tooth, is said to give great relief in toothache.

Dr. Wright recommends the diluted juice of the *Capsicum* as a sovereign remedy in ophthalmias from relaxation of the membranous coats of the eyes, and also in dropsical cases, or others where chalybeates are indicated, and in lethargic affections. He observes that, in some parts of South America, the Indians prick the loins and bellies of hectic patients with thorns dipped in the juice of *Capsicum*.]

This pepper steeped in brandy or wine, or the berries swallowed whole and unbruised in water, has been used successfully in a predisposition to, or in the incipient stage of "*Chronic Aphthæ*," a disease peculiar to Barbados and some other islands of the West Indies, and termed in the former place, *sore mouth*. It is much dreaded, as it not unfrequently terminates fatally, unless the patient removes at an early period to a cold climate, and is characterized by a redness and a peeling off of the epithelium of the tongue and buccal cavity, leaving in patches thus exposed a raw surface, very sensitive to contact. Aphthous ulcerations form on the tongue, fauces, and inner lips. The patient complains of burnings in the œsophagus and stomach, particularly at its cardiac end. There are also abdominal pains, chiefly of a burning kind. Complete loss of, or capricious appetite attends the malady, and is soon followed by marasmus and chronic diarrhœa, the fœcal evacuations, in the latter stages, being mixed with purulent matter.

The alimentary canal, from fauces to rectum, seems implicated in this disease. Its pathological anatomy has not been accurately ascertained. Ulcerations of the stomach and intestinal tube are usually discovered, but whether or not accompanied with tubercular deposit has not transpired. I am inclined to believe that a tubercular dyscrasia is the root of the evil.

[VARRONIA CURASSAVICA. *Black Sage Bush.*
PENT. MONOG. AGGREGATÆ, *Lin.*

This plant is very common. The leaves feel very rough when handled, and have a fragrant and somewhat aromatic smell. A decoction of the leaves is sometimes used by the negroes as a sudorific, and an astringent in diarrhœa.]

[CEDRELA ODORATA. *Barbados Cedar.—Bastard Cedar, Mill.*
PENT. MONOG. MISCELLANÆ, *Lin.*

This tree more generally inhabits the most inaccessible parts of the deepest gullies, where it acquires its largest dimensions. The whole plant at times emits a very strong and disagreeable odor, and a brownish, transparent, shining gum distils from the trunk and branches, of a bitter astringent taste and fetid smell. The bark and wood have a nauseous, bitter taste, and unpleasant smell, and seem to possess powerfully astringent qualities. A syrup prepared from the capsules and seeds, under the name of Cedar-berry syrup, has been greatly extolled in consumption, old coughs, and other complaints of the breast. I do not vouch for its success in these cases, but I have frequently heard it recommed by those whose long experience and practice in the medical line should set them above the influence of vulgar and idle opinion.]

[ASCLEPIAS CURASSAVICA. *Indian Root.*
Bastard Ipecacuanha.
PENT. DIGINIA. CONTORTÆ, *Lin.*

This plant is extremely common in all parts of the Island, and of handsome appearance when in flower, but attended with a very unpleasant odor when handled. The whole plant is milky, but not acrid. It is said to possess the same qualities as the true Ipecacuanha, and to have been frequently brought to Europe among, and for that plant. A gentleman of large practice in the apothecarial

branch of medicine, and of long experience and judgment in his profession, Mr. John Bovell, since deceased, informed me that he had ventured to use the root of this plant as an emetic, but in the usual dose of the Ipecachuana, the effects were so violent and alarming that he had not courage to repeat the experiment. Perhaps in smaller doses it may be found to answer the intention better. The milk of this plant is frequently applied to ring-worms, and said to be effectual in destroying them. Any acrid application will do this when they are not of long standing. The fresh plant has an unpleasant, bitter taste, and has been used occasionally as a vermifuge, probably with success, as it appears to possess active qualities of that nature. The milk is also said to remove warty excrescences.

Martyn observes, on the authority of Browne, "that the juice of the plant, made into a syrup with sugar, has been observed to kill and bring away worms wonderfully, even when most other vermifuges have failed. It is given to children in the West Indies, from a tea-spoonful to a table-spoonful. The juice and pounded plant is applied to stop the blood in fresh wounds, and is said to be a powerful astringent in those cases. The root, dried and reduced to a powder, is frequently used as a vomit, and hence the name of wild or bastard Ipecachuana."

Dr. Wright says that "the juice of the leaves is often given to persons afflicted with worms, from a tea-spoonful to an ounce for a dose on an empty stomach. In this way I can vouch for its powerful and salutary effects. When given in larger doses, it acts as a mild emetic or purgative, and in worm fevers, also, as a diaphoretic and diuretic. Thus, while it expels worms, it brings about a crisis. The roots are white and woody. When given in powder, as a vomit, they act as an emetic, but this is a dangerous practice." This plant doubtless possesses very active qualities, which may be rendered manageable and useful by experiment. It would seem to claim the attention of medical men. Hughes observes that the seeds of this plant were sent from Jamaica to this island, and relates the circumstance as within his knowledge. Martyn gives it as a native of both Indies.]

It is a powerful astringent, and in Jamaica has been found so serviceable in checking hemorrhages as to have acquired the name of the *blood-flower*. Dr. Barham gave the expressed juice of the flower, in enema, in a case of hæmorrhoidal bleeding, when all other

ordinary means had been exhausted, and the patient's life was despaired of. The injection effectually arrested the hæmorrhage. As an internal remedy he found it equally effectual, and lauds its virtues in the cure of gonorrhœa and seminal weaknesses, and suggests a trial of it in leucorrhœa. Lunan, in his *Hortus Jamaicensis*, vol. i., p. 65, gives, from the unpublished manuscript of Dr. A. Robinson, the following instances of its styptic and antiseptic properties :

“Mr. Thomas Nicol, a practitioner in physic, informed me, upon my telling him of the styptic virtues of the Pseudo-Ipecachuana, which Barham calls *blood-flower*, that a mule had, by some accident, been wounded in the thigh, from which a violent hæmorrhage of blood issued, which, after the ineffectual application of all the styptics in his shop, was stopped instantaneously by a negro applying a handful of the blossoms and leaves of this plant. Another time, by the use of the same plant, applied in the same manner, he saw an ass, with a large ulcerated wound, full of maggots, cured effectually ; for it immediately killed the maggots, and then, cleansing the wound, healed it.”

[ASCLEPIAS VIMINALIS. *Down Vine.*

PENT. DIGYN.

CONTORTÆ, *Lin.*

Every part of this plant abounds in a thick, viscid milk, which does not appear to possess much acrimony. The milk of the plant is used to cure ring-worms.]

This is *Sarcostemma Swartzianum*. *Asclepiadææ*.

CALOTROPIS GIGANTEA. *Gigantic Swallow-wort, Mill.*

PENT DIGYN.

ASCLEPIADEÆ, *Brown.*

This plant grows freely in the island, but is not noticed by Collyns. It is, however, the *mudar* of Hindostan, mentioned by James Robinson, Esq., Superintendent of the Insane Hospital of Calcutta, and is worthy of record, to judge from his account of its medicinal qualities. The description of this drug, taken from the Medico-Chirurgical Transactions of London, vol. x., is as follows : “It was communicated to me in 1812, by a Mr. Halked, as a discovery of Mr. Playfair, who afterwards himself favored me with an account of it. * * * I cannot refrain from here expressing how much I consider the profession, and the world at large, indebted

to him for the discovery of the most valuable medicine hitherto derived from the vegetable kingdom. Mr. Playfair emphatically describes it as a '*vegetable mercury*,' specific in the cure of lues venerea, leprosy, and cutaneous eruptions in general,—the 'most powerful alterative hitherto known,' and an excellent 'deobstruent,' and thus proceeds:—"In all affections of the skin, I have found it very effectual, and in the *jugaree* or leprosy of the joints, I have never failed to heal up all the ulcers, and have often produced a perfect cure.' In this last complaint, which, until the last three years, I considered leprosy, but which I believe to be a species of elephantiasis, I am prepared to agree with Mr. Playfair most fully as to the virtues of the *asclepias*, called in Hindostan, *mudar*. I can also bear witness to its powerful effects as a deobstruent and sudorific in almost all cutaneous eruptions, arising from obstructed perspiration, and an apathy of the extreme vessels. Its action is quick and decided, causing a sense of heat in the stomach, which rapidly pervades every part of the system, and produces a titilating feel upon the skin, from the renewed circulation through the minute vessels. It does not appear to be useful, or indeed admissible, when the affection is inflammatory, or the eruption pustular. The great and rapid determination to the skin has an obvious tendency to increase such disease. I have tried it freely in lues venerea, but cannot venture to recommend it as a substitute for mercury. It will enable you to heal a chancre, but does not eradicate the poison. In the secondary symptoms, however, it is an admirable ally, superseding by its certain efficacy the exhibition of mezereon, sarsaparilla, and other vegetables of doubtful utility. When mercury has been used, but cannot be pushed further, the *mudar* rapidly recruits the constitution, heals the ulcers, removes the blotches from the skin, and perfects the cure. The only part of the plant useful in medicine is the bark of the roots. It should be gathered in the months of March, April and May. * * * * When it causes pain of the stomach, a few grains of magnesia or prepared kali added to each dose will prevent that effect." Mr. Robinson calls it *Asclepias Gigantea*.

[CHENOPODIUM ANTHELMINTICUM.

Worm-seed—Worm-seed Goose foot. Mill.

PENT. DIGYN :

HOLORACIÆ.—*Lin.*

This plant is met with all over the island in open sunny places.

It has a strong, unpleasant smell, and a nauseous, bitter taste. It is frequently given to children as a vermifuge, and appears to be successful and of safe administration. A spoonful or more of the juice expressed from the pounded leaves, is given in a dose, increasing or diminishing it according to the age or strength of the patient. It is in very general use among the nurses on plantations in worm cases, which are frequent with the infant negroes. It seems doubtful whether this plant be a native or not. Miller, on the authority of Kalm, says "it is a native of Buenos Ayres, and of Pennsylvania and New Jersey, where it is called worm-seed and Jerusalem oak. The seeds are given to children against the worms. It has a disagreeable scent."]

[ERYNGIUM FŒTIDUM.

Fit weed.

Stinking Eryngo. Mill.

PENT. DIGYN:

UMBELLATE.—*Lin.*

This little plant is frequent in the flatter lands, which are marly or have loose stones about them. The whole plant is prickly, with an unpleasant, fœtid, strong smell. It appears to be a very power-nervine, and would probably be a great deobstruent. It is used by the common people in hysteric affections and in obstructions. It is given to children laboring under fits, but as these are often in the infantine state, owing to causes which do not originate in the nervous system, and merely symptomatic, it no doubt often fails of success, and tends to increase the affection. In the former cases, from its extremely fœtid odour, I should be led to expect a greater degree of benefit. If my information be correct, (and I have no reason to suspect it,) this plant is used with great benefit by the apothecaries.

Martyn observes, on the authority of Browne, "that all the parts of this plant are reckoned powerful anti-hysterics, and used on all occasions of that sort by the negroes and poorer whites, whence they call it Fit weed."]

[BROMELIA PENGUIN.

Penguyn.

HEXANDRIA MONOGYNIA.

CORONARIE.—*Lin.*

This plant has very much the habit of the pine-apple. The fruit has a sweetish taste, joined to a very strong acid. It is rough, astringent, austere. It is extremely acrid and corrosive, and if

incautiously eaten or kept long in the mouth, will excoriate, the tongue, gums and roof of the mouth, so as to cause the blood to flow very freely from them. It is employed to cleanse the throat and mouths of those who are afflicted with ulcerated sore throats or aphthous affections, requiring stimulants. In these cases it is often necessary to excite the parts into action before the sloughs will separate; these berries therefore infused and much diluted, appear to be salutary, the more so as they are doubtless possessed of strong anti-septic virtues.]

[PANCRACTIUM CARIBBÆUM.

White Lily.

HEXANDRIA MONOG.:

LILIACEÆ.—*Lin.*

A handsome plant. Flowers of a grateful, pleasant odour, common in every part of the island. Bulbs powerfully diuretic, and used by the apothecaries of the island as a succedaneum for squills. It requires caution in the dose, as it is very active. It is in general use among the farriers of the island for horses. When required for these animals, the best way is to boil a decoction of the root. It has no disagreeable taste, and may be added to warm mash. Horses, however, may be injured by the injudicious administration of it. It is the "Pancratiium Fragrans" of Salisbury, who says he had it from Barbados.]

[ALÉTRIS FARINOSA.

Common Colic root. Sweet.

HEXANDRIA MONOG.:

This is a small plant, with herbaceous leaves. It is frequently called Wild Aloe by the common people, and used by some of them in urinary obstructions. According to Martyn, it grows naturally in North America, where it is used in coughs and pleurisy.]

Lindley places it among the blood-roots—*Hæmodoraceæ*, and says of it, "One of the most intense bitters known is *A. farinosa*. It is used in infusion as a tonic and stomachic, but large doses produce nausea, and tendency to vomit. It has also been employed in chronic rheumatism."—*Vegetable Kingdom*.

[ALOE PERFOLIATA.

Aloe Plant. Barbados Aloe.

HEXAND. MONOG.:

LILIACEÆ.—*Lin.*

The Aloe is frequent in dry, arid situations, and among rocks. The fresh juice which flows from the leaves on their being cut, is

frequently administered in dysenteries, mixed with milk. It appears to operate more mildly in this way than when used in the inspissated state. The aloe prepared from this plant, which is universally spread over the West Indies, is generally known by the name of Hepatic Aloes. It has a stronger and more intensely bitter taste and smell than the Succotrine.]

It has been very successfully used in epidemic dysentery, and upon one occasion, when the administration of calomel and opium and other means, failed in arresting a terrible mortality among the slaves of an estate in Barbadoes, the juice of the aloe was found a specific, and saved many valuable lives—a strong confirmation of the truth of the Homœopathic law, as evinced by the provings of this drug, and a notable instance of a cure empirically effected through the agency of the same principle.

[BROMELIA NIGRA.

Bully Berry tree.

Black Bully tree. Mill.

HEXAND. MONOG. :

DUMOSÆ.—*Lin.*

The fruit of this tree is eaten by many persons, and has a pleasant taste, but is attended with this inconvenience, that the lips of those who eat it are glued together by the sticky tenacious juice. The bark is astringent, and has been employed where such medicines are indicated; and is said to be useful in some cases as a tonic and astringent.]

[PETIVERIA ALLIACEA.

Gully-root.

Guinea Hen weed. Mill.

HEPTANDRIA MONOGYNIA :

HOLORACEÆ.—*Lin.*

The root of this plant is large and knobby, with a strong, unpleasant, fœtid odour. The taste is extremely pungent and acrid, and if the plant be incautiously chewed it will inflame the mouth and throat to a great degree. It is held in high estimation by many apothecaries as a remedy in dropsies, and thought to be possessed of strong medicinal powers in that disease. I have no doubt that this plant is a warm diaphoretic and well calculated for those cases. From its strongly fœtid smell, it would seem to promise a good remedy in nervous affections and obstructions. It does not appear, however, to have been put to any medicinal use in Jamaica, but rather to be

considered as a violent and acrid plant, of a nature not to be meddled with.

Browne observes, "That it is common in the lower lands of Jamaica, and that it is so remarkably acrid as to be hardly tolerable in taste or smell. On chewing a little of the plant it burns the mouth, and leaves the tongue black, dry, and rough, as it appears in a malignant fever."

Miller observes, "That it gives the taste and smell of garlic to the milk of cattle, and an intolerable rankness to their flesh."]

The negroes consider it a sudorific, and say that vapour baths or fumigations of it will restore motion to paralyzed limbs. The roots are used in the West Indies as a remedy for toothache; the negresses also administer it to procure abortion."—*Lindley's Vegetable Kingdom*.

Among the Brazilian provings, in Mure's *Materia Medica* will be found *P. tetrandra*; a distinct species to the above, and which under the name of *Raiz de Pipi*, is employed in Brazil as a remedy for defective muscular contractibility, or in paralysis of the extremities from cold. This has an intense alliaceous odour.

[AMYRIS BALSIMIFERA.

Sweet-wood tree.

OCTANDRIA MONOGYNIA.

TEREBINTACEÆ.—*Lin.*

Known among the vulgar by the name of *candle-wood*, from its burning freely as a candle. It contains a balsamic juice, which is fragrant and inflammable. While burning it emits a very pleasant odour; hence the name of *sweet wood*. A decoction of the leaves is said to be a pleasant cephalic and nervine, and to be very useful in weaknesses of the eyes.]

Long mentions the case of a gentleman, who, by using the leaves instead of tea for breakfast, was able to read small print without the aid of glasses, which had not been the case before. The Antilles are its *habitat*; but in Jamaica also it attains a considerable height, and is prized as a timber tree. The bark yields, by incision, a fine resinous fluid, of a light yellow colour, fragrant smell, and acrid aromatic taste. It is said to possess qualities similar to those of the once celebrated *Balm of Mecca*, yielded by *Balsamodendron Opobalsamum*, and probably by *B. Gileadense*, which genus is allied to *Amyris*, and with the latter contained in the natural order, *Amyridaceæ* of Lindley.

[COCCOLOBA UVIFERA.

*Bay Grape tree.**Mangrove Grape tree. Mill.*

OCTANDRIA TRIGINIA.

HOLORACEÆ.—*Lin.*

This tree is usually met with near the sea-coast. The bark is very astringent, and recommended in cases of dysentery and diarrhœa, as well as the kernals, which may probably be useful in those cases where medicines of that class are indicated.

Martyn observes on the authority of Browne, that “the fruit is very astringent . . . it has the taste of Bistort.”]

It is the *Uviro* of the Spanish settlements, and the *Raisinier du bord de la mer* of the French colonies.

[COCCOLOBA PUNCTATA.

Chiggery Grape.

OCTAND. TRIG.:

Spear-leaved sea-side grape. Mill.

The fruit is small, sub-acid and astringent, with some sweetness. Many persons are fond of it. The drupes seem to possess some stimulant or active principle besides the astringent one. They spot the faces and arms, and excite a tingling sensation in the flesh of many persons who eat them, particularly those of thinner skins and more delicate complexions. They have a slight bitter taste joined to the austere and astringent one.]

[SAPINDUS SAPONARIUS.

*Black-nicker tree.**Common Soap Berry. Mill.*

Browne observes, “The seed vessels are very acrid and detersive, they lather freely in water, and will cleanse more linen than sixty times their weight of soap, but they are observed to corrode and burn the linen in time. The whole plant being pounded and steeped in ponds, rivulets or creeks, is observed to intoxicate and kill the fish.”]

A tincture of the berries has been recommended in chlorosis.

[ANACARDIUM OCCIDENTALE.

*Cashoo tree.**Cashew-nut, Cassu or Acajou. Mill.*

ENNEANDRIA. MONOG.:

HOLORACEÆ.—*Lin.*

The Cashew apple has an agreeable, sweetish, sub-acid astringent taste, and finds its way to the dessert, where it meets with its advocates. It appears wholesome when used sparingly, but is too powerfully astringent to be eaten profusely. I have no doubt that it is

beneficial to weak and relaxed bowels, when it is advisable to resort to astringent medicines. It is said to be possessed of strong diuretic powers, and is recommended in dropsy where at a certain period of the disease, its astringency may also be useful. The kernels, either toasted or raw, are brought to the dessert, and are very pleasant. The seed or the external covering contains a large portion of a very acrid and corrosive oil, which will destroy ringworms effectually. It requires great caution in the application, for it will blister and erode the flesh wherever it happens to touch, causing great inflammation, with pain and fever. It will inflame the eyes of those who incautiously roast the seeds.

Doctor Wright observes that, "Stewed in syrup they may be kept many months, when eaten with milk they are highly restorative." The oil is used to take off freckles, but inflames so much that the remedy is worse than the disease. It appears to be very volatile in its effects, for if the seeds be roasted in a close place, the operator's face will be swelled, inflamed, and covered with a rash or erysipelas. The kernels when freed from their covering, and blanched in water, are as sweet as almonds, and used like them in emulsions.

The juice of the fruit leaves an indelible stain in linen, and discolors the knife with which it is cut.]

[HYMENÆA COURBARIL.

Locust tree.

DECANDRIA MONOGYNIA :

LOMENTACEÆ.—*Lin.*

The bark of this tree is powerfully astringent, and employed by the apothecaries of the island in those cases where such medicines are indicated, and I believe with great propriety. A gum of transparent yellowish color is found on this tree, which has been said on trial to be the real *Anime*, so much esteemed as a varnish. It has a slightly fragrant smell, and manifests some trifling degree of astringency It is said to be used by the inhabitants of Brazil in fumigations for rheumatic complaints. Indians are reported to be extremely desirous of the fruit of this tree, as a purge, a quality which is, however, lost in its farina* when it becomes perfectly dry.

Martyn observes on the authority of Browne and Long, that "Some apply it (the resin) outwardly, dissolved in spirits of wine, to strengthen the nerves It is used in palsies, cramps and

* A farinaceous yellowish substance of a sweetish taste, but most offensive smell, contained in its legume or pod. F. G.

contractions of the sinews, and has been thought not inferior to Guaiacum in certain complaints. A decoction of the leaves expels flatulency, and gives ease in colicky pains, by gently opening the bowels; and the inward bark is an excellent vermifuge.”]

[CÆSALPINIA PULCHERRIMA.

Flower Fence.

Barbados' Pride.

DECANDRIA MONONGYNIA.

LOMENTACEÆ.—*Lin.*

This plant may certainly be ranked among the most beautiful of the vegetable kingdom, and is frequent in all parts of the island. It is said to possess some purgative qualities. An infusion of the leaves is frequently given to young children by their nurses to relieve what they call the *gripes*.

Browne observes, “That all parts of this plant are thought to be powerful emmenagogues, and are frequently used for that purpose.”

Sir Hans Sloane named it “Wild Senna.” The French in the islands call it “Poincide,” or “Fleurs de Paradis.” Jacquin, speaking of the flowers, observes, “*Hi infusi potatique theæ potionis adinstar, vi pollent aperiente, audiuntque febrifugi. Semina immatura a pueris et barbaris cruda comeduntur.*”]

This is properly “*Poinciana pulcherrima*.” Collyns following Willdenow makes it a *Cæsalpinia*, but these are now considered two distinct genera; and by later botanists, the above subject is transferred to *Poinciana*. Its roots are said to possess tonic qualities.

[CASSIA TORA.

Italian Senna. Oval-leaved Cassia. Mill.

DECANDRIA MONOG.: LOMENTACEÆ.—*Lin.*

It is rather a handsome plant, with respect to its foliage, but the flowers, although showy, are not numerous. It is said to possess in some degree the qualities of the true Cassia, and to be used as such in some of the islands, but I have never heard of its being used as such in this island, or medicinally in any way.]

Hughes has given the vernacular name of “Italian Senna” to this species; but it must not be confounded with the plant known generally as Italian Senna, which is a variety of *Cassia Senna*, the true senna of the druggist.

[CASSIA EMARGINATA.

Wild Senna, or wild Cassia Fistula.

The leaves of this plant have an unpleasant smell, but that is a circumstance frequently attendant on the genus. They also have the qualities of the true Cassia in a considerable degree. I have seen them at times used as a substitute for that plant, with apparently the same effect which was expected from the true Cassia. The pulp of the pod has a sweetish taste, but not pleasant, and children sometimes eat it. It is gently purgative, and similar in its effects to its congener, Cassia Fistula.]

[CASSIA OCCIDENTALIS.

Wild French Guava.

This plant is frequent in every part of the island, but is met with in greater quantities in the looser sandy soils near the sea-coast. It is not put to any use in this country that I know, but in Jamaica, Martyn observes, that it is called *Stinking weed*, and that the tops of the plant are used in resolute baths, and reckoned a good ingredient. Doctor Wright says that the roots are used in aperient and diuretic decoctions. Its strong smell indicates that it possesses powerful principles, and deserves the attention of medical men.]

This is the "Pois puant" of the French, the "piss-a-bed," "stinking weed," and "wild French guava," of the English islands.

It has been variously applied in the colonies. The seeds parched, and infused in boiling water, are said to possess anti-spasmodic powers, and are given in spasmodic asthma. The roots in a concentrated decoction, are strongly recommended in Gonorrhœa and syphilitic affections; and both roots and leaves are employed in cases of icterus and ascites. In psora, and other cutaneous affections it is used externally, in the form of a lotion, and in this way also, is treated the mange in dogs and horses.

[CASSIA FISTULA.

Cassia Fistula.

This tree makes a most superb and grand appearance, with its numerous large spikes or panicles of pendulous yellow flowers. Its medicinal effects and uses are too well known to require any thing on that head in this place. It formerly grew in great abundance in this island; it is, however, rarely met with at present but in a state of cultivation.]

Of the genus *Cassia*, there are two other species in Barbados.—*C. Chamæcrista* and *C. alata*. *C. CHAMÆCRISTA*—the “*Wild Tamarinds*” of Huges, and the Dwarf Cassia of Miller, is mentioned by Collyns; but he does not ascribe any medicinal properties to it. A decoction of its roots, however, has been highly esteemed as an antidote to the poison of fish and also vegetables.

CASSIA ALATA, The Ringworm bush of Long—the *French guava* of Nevis, and the *Herbe à dartes* of the French Islands is said to possess anti-herpetic powers. Collyns makes no mention whatever of this species; but Hillary, in his “Diseases of Barbados,” speaks of it as a never-failing remedy in these cases, and advises friction of the parts effected with the expressed juice, or the application of a cataplasm of the young buds, flowers and leaves. In this recommendation, he is supported by Browne and Dr. Wright.

[GUILANDINA BONDUCELLA. *Horse nicker or Chick-stone. Grey*
Bonduc. Mill.

This plant is very common in every part of the island. The seeds are said to have strong diuretic powers, but to be violent in their action. They are administered to horses and cattle; being first roasted and pounded.]

The "*Guilandina Bonduc*" is highly esteemed in Barbados, in the treatment of dropsy, and I have myself witnessed its good effects in one case of ascites, which it permanently cured after paracentesis had been three times resorted to; and again in the disappearance of a general anasarca, in another patient while under its operation. Many instances of the cure of dropsical cases from drinking the roasted seeds prepared like coffee, have been reported to me. The seeds are considered powerfully tonic, and when pounded small, and mixed with castor oil, are said to form a valuable external application in incipient hydrocele; the leaves also are considered a good discutient, fried with castor oil, in cases of *hernia humoralis*.

[TO BE CONTINUED.]

MESSRS. EDITORS,

When I wrote to you about a week ago, I did not think it possible that I would be able so soon to add any more to what I communicated to you in my letter. I am, however, ready now to prove everything I have said though it be in a way a little different from that suggested by me then.

At the close of my communication I said, that it would be interesting to examine, whether electricity were matter itself, spiritualised, as it were, or something different from matter? The answer to this question, difficult though it seemed to me then, has been rendered very easy, thanks to the labors of Sir Humphrey Davy. This philosopher by a course of experiments instituted by him to prove the chemical theory of Galvanism has also by those very same experiments answered the above question most beautifully. These experiments are so conclusive that I cannot help but wonder, why he did not make the discovery himself, *that electricity itself is nothing but matter in electrical form.*

You will find an account of these experiments in Dr. Lardner's Lectures on Science and Art, Vol. I., under the head of Galvanism. Lardner says there, on page 371,

“While these investigations were proceeding, Ritter, afterwards so distinguished for his experimental researches, but then young and unknown, made various experiments at Jena, on the effects of the pile; and apparently without what had been done in England, discovered this property of decomposing water and saline compounds, and of collecting oxygen and the acids at the positive, and hydrogen and the bases at the negative pole. He also showed that the decomposing power in the case of water could be transmitted through sulphuric acid, the oxygen being evolved from a portion of water or one side of the acid, while the hydrogen was produced from another separate portion of water on the other side of it.

When the chemical powers of the pile became known in England, Sir Humphrey (then Mr.) Davy was commencing those labors in chemical science which subsequently surrounded his name with so much lustre, and left traces of his genius in the history of scientific discovery which must remain as long as the knowledge of the laws of nature is valued by mankind. The circumstance attending the

decompositions effected between the poles of the pile which caused the greatest surprise, was the production of one element of the compound at one pole, and the other element at the other pole, without any discoverable transfer of either of the disengaged elements between the wires. If the decomposition was conceived to take place at the positive wire, the constituent appearing at the negative wire must be presumed to travel through the fluid in the separated state from the positive to the negative point; and if it was conceived to take place at the negative wire, a similar transfer must be imagined in the opposite direction. Thus if water be decomposed and the decomposition be conceived to proceed at the positive wire where the oxygen is visibly evolved, the hydrogen, from which that oxygen is separated must be supposed to travel through the water to the negative wire, and only to become visible when it meets the point of that wire; and if, on the other hand, the decomposition be imagined to take place at the negative wire, where the hydrogen is visibly evolved, the oxygen must be supposed to pass invisibly through the water to the point of the positive wire and there become visible. But what appeared still more unaccountable was, that in the experiments of Ritter it would seem, that one or other of the elements of the water must have passed through the intervening sulphuric acid. So impossible did such an invisible transfer appear to Ritter, that at that time he regarded his experiment as proving that one portion of the water acted on was wholly converted into oxygen, and the other portion into hydrogen. "This point was the first to attract the attention of Davy, and it occurred to him to try if decomposition could be produced in quantities of water contained in separate vessels united by a conducting substance, placing the positive wire in one vessel and the negative in the other. For this purpose, the positive and negative wires were immersed in two separate glasses of pure water. So long as the glasses remained unconnected, no effect was produced; but when Davy put a finger of the right hand in one glass and of the left hand in the other, decomposition was immediately manifested. The same experiment was afterward repeated, making the communication between the two glasses by a chain of three persons. If any material principle passed between the wires in these cases, it must have been transmitted through the bodies of the persons forming the line of communication between the glasses."

“The use of the living animal body as a line of communication being inconvenient where experiments of long continuance were desired, Davy substituted fresh muscular animal fibre, the conducting power of which, though inferior to that of the living animal, was sufficient. When the two glasses were connected by this substance, decomposition accordingly went on as before, but more slowly.

“To ascertain whether metallic communication between the liquid decomposed and the pile was essential, he now placed lines of muscular fibre between the ends of the pile and the glasses of water respectively, and at the same time connected the glasses with each other by means of a metallic wire. He was surprised to find oxygen evolved in the negative and hydrogen in the positive glass, contrary to what occurred when the pile was connected with the glasses by wire.”

It is not stated here, whether Davy was equally surprised to find that either oxygen or hydrogen travelled along the wire which connected the two glasses, for if oxygen was evolved in one glass, the hydrogen disengaged *must* have passed over *through the wire* into the other glass just as well as it *must* have passed over through the *animal fibre*, through *the chain of three persons* and lastly through the *body of Davy himself*. Nobody for a moment will believe that gas, in its form as a gas will do that, it could do it *only in form of electricity*.

This experiment alone seems to me sufficiently to prove that electricity is nothing but another form of matter, so that we have *four* forms instead of *three* :

1. The solid,
2. The fluid,
3. The gaseous,
4. The electrical,

all of which bodies are, under certain circumstances, capable of assuming, and that bodies must necessarily pass into the electrical form first, before any chemical compositions and decompositions can take place.

But we have further an account of a series of very beautiful experiments performed by the same Sir Humphrey Davy, on page 384, Vol. I.

It reads there thus :

“To determine whether the action of the metallic wires proceeding

from the Voltaic battery was immediately engaged in the production of these decomposition, the next experiments were arranged so that the electrical current should be transmitted to the solution to be decomposed through liquid conductors. For this purpose three cups P, I, and N, were provided; the extreme ones P and N receiving the positive and negative wires from the battery, and the cup I, connected with each of them by amianthus. The cups P and N, were filled with purified water and the solution to be decomposed was put into the intermediate cup I. In every case the acid constituent of the solution was decanted into P, and the alkaline into N. Lest the amianthus syphons should have any mechanical effect on the transference of the solution between the cups, the cups P and N were so filled that the surfaces of the water in them were above that of the solution in I."

I have not the least doubt that if a metallic wire had been used for the connection of the three vessels as it was done in the first mentioned experiment instead of amianthus, the experiment would have been equally successful.

For a full account of the experiments performed by Davy I must refer you to Dr. Lardner's Lecture on Galvanism itself, as it would be too long to transcribe them here in this letter. A multitude of chemical compounds were decomposed in the same manner with the same results, but strange to say, Davy seems to have not even ventured to express an opinion as to the actual process by which, the transfer of the elements decomposed took place. I have ventured to express my opinion, if anybody can offer another and better one, I am ready to retract.

I presume now it being proved that electricity is matter in a particular state, it necessarily follows, that my first proposition, *that every substance has got an electricity of its own, must* be proved likewise, for if electricity is matter, the different substances must have their different electricities or better as the substances exhibit different properties in their different forms and states, they must differ also in their different electrical states.

There will now be no wonder and astonishment any more at our strange medicines, they will be acknowledged as the most suitable for curing diseases, but there will also other questions be answered, which have heretofore puzzled philosophers and metaphysicians. Whence comes the smell of sulphur after a stroke of lightning?

whence come the meteoric stones? what is life? what is soul? where does it come from? where does it go to? The immortality of the soul is proved by science!

I am respectfully yours,

CURT PRETSCH.

MESSRS EDITORS.

For recreation and making the acquaintance of friends in our good cause, I took leave of my friends, and patrons in Warsaw, N. Y., a few weeks since, for a tour west through Michigan, back through Ohio and Pennsylvania to Philadelphia, where I am stopping at the present time. I am highly gratified with the proud position which scientific medicine occupies in the confidence of the people on my whole route. Bound to a locality by the anxious duties of practice, one could scarcely conjecture the speed with which Homœopathy has spread through the west, nor calculate the momentum it has gained in its progress; but to see and know as I have, in my flight from place to place, gives new force to the forcible adage, that "truth is mighty and must prevail." The only drawback to a pleasurable retrospect of the places visited on my tour through the west, is a fact, against which the true votaries of Homœopathy must contend, at least for a season. I allude to the miserable practice of mixing treatment to suit the whim of customers, by some who regard themselves, and would be regarded by others, as Homœopathists; who find it a part of their philosophy to deal out medicine empirically, but seldom artistically or scientifically; because in my opinion no man can with such a trifling appreciation of medicine as a science and art, and having such conceptions of his duties as a physician, ever arrive at even a tolerable knowledge of Homœopathy, that knowledge which to prescribe according to the exigencies of our system, would be an essential requisition. In Cleveland and Pittsburgh, I found some pure Homœopathists, and also in Philadelphia; men who are wedded to pure principles in medicine as a science, thorough going, no compromise advocates of Homœopathy. As gentlemen, scholars and purists, no one need doubt, or need any one ask the result of their labors. In no place does Homœopathy stand higher in the estimation of the public mind than where the labors of such men are bestowed. I

am now spending my time in the lecture rooms of Professors Gardiner, Beakley, Small, Ward, Semple and Williamson. I find the college of Homœopathic Medicine of Pennsylvania in a flourishing condition having the chairs filled with able and scientific teachers and genuine Homœopathists, who endeavor to inculcate nothing that approaches eclecticism or Allopathy, but sound doctrines and scientific medicine that has descended to us from our favoured master. The labors of suchmen will be blessed: may every member of the profession north or south, east or west, do all he can for the support of this *Institution*, and make it still more prosperous and flourishing. This is but a just tribute that every member of the profession owes to this Institution; and in building up such an Institution the Homœopathic cause generally will prosper and acquire an impetus, by each student, armed with pure doctrines and a scientific course of studies, going out to spread the eternal truth of Homœopathy to our own countrymen who are yet in comparative ignorance of the principles of scientific medicine. The field is large and the laborers are but few.

Philadelphia, January 11th, 1855.

C. A. DAKE, M. D.

HOMŒOPATHIC BOOKS AND CASES FOR DOMESTIC USE.

BY J. P. DAKE, M. D.

WITH American homœopathic physicians it has been a question, since the appearance of the first domestic work, whether such publications were productive of more good than ill.

The question naturally resolves itself into two parts: first, are they conducive to the people's welfare? and second, do they advance the true science and art of healing?

To answer the first affirmatively, it is in our opinion, the strongest proof in favor of the second.

Although belonging to the class, styled medical advisers, and jealous as any, of the dignity and respect due to our profession, we are full of the modern doctrine, "the greatest good to the greatest number;" and are therefore able to count that *good*, which though it fill not our pockets to overflowing, is yet able to bear health to thousands beyond our reach.

In the line of medicine, what is good for the people must be

curative; and what is curative must reflect glory upon the science and art of healing whence it emanates.

Then, really the only question to be considered is—do such domestic books and boxes benefit the *people*?

When we say people, we mean “the greatest number.” If some of us should occasionally have our bills a little shortened, or our dignity lowered by the competition of a clever grandmother, our losses should not be counted. If we cannot keep far enough ahead of the old ladies, or of the books themselves, to hold the confidence of the community, we had best resign at once, in favor of such powerful competitors. All the harm then, that we may experience, being of so trivial a character, should not deter us, as magnanimous and humane men, from giving countenance to what proves itself a blessing to the people. But we are reminded, that it is still a question, whether the works of which we speak, are a *blessing* to the people.

Although the number of homœopathic physicians, in this country, is by no means small, yet a vast majority of the people are not favored with their attendance.

It is true, nearly all our cities and larger towns are so well supplied, that their inhabitants, or all who wish, can enjoy homœopathic treatment. But there are still many flourishing villages, where a disciple of Hahnemann has never gone; and vast regions of new as well as old country, where one will not go for years to come. Shall the people of such villages and regions continue in medical ignorance, and therefore in the ruthless hands of Old Physic, till a true physician may chance to cast his lot among them?

Every one, familiar with the scourgings and scrubblings of that old monster—who knows how he frightens the children, torments the sick and hastens away the dying—must answer in the negative.

In the name, then, of humanity, we would give them a box of our remedies with the best possible directions for their use. To this end we would have a book prepared, setting forth clearly the peculiar doctrines of Homœopathy as well as its practical rules.

To facilitate the selection of the right remedy we would in the main adhere to the ordinary classification of diseases; putting under each name and diagnosis, the remedies pointed out by the law *similia*. Nor would we simply *name* the remedies, but we

would put down the most characteristic effects of each as obtained by the vital test ; and to afford an image of each yet more complete, would annex to our volume a brief of the *Materia Medica*.

In our opinion, those furnished with such a book and box, in the absence of a good homœopathic physician, would be much better off in times of sickness than those having *no remedies*, and incomparably better off than those leaning upon the “heroic” arm of Old Physic.

To bring the matter home, we ask our colleagues : would you, when parting with your sons and daughters on their way to the far west, to locate beyond the reach of a homœopathic physician, furnish them with the outfit we have named ? or would you sooner trust them to *savage nature*, or to the yet more *barbarous practices* of the orthodox school ? Anticipating your answer, in our favor, we go on to inquire if such works produce more good than ill, in communities *favoured* with a homœopathic physician.

In his circle of patrons, every physician finds some residing at such a distance from him, that they could not depend upon his presence, at times when perhaps, most needed. In violent attacks of acute disease, which might prove fatal or occasion a great amount of suffering, before his arrival, an intelligent layman with book and case could select and employ a successful remedy. Again there are in every community kind hearted people, who dispense medicines gratuitously among the poor. They regard it a duty so to do ; nor could we prevent them even if we would. What then shall we do—let them continue to dispense drugs *a la empiricism*, or rather wholesome remedies according to the laws of *medical science* ?

It is true their homœopathic practice might draw upon them the ridicule of Old Physic and his allies—but who cares for *that* ! It may be that they are in some instances, unsuccessful. What person, possessed of common sense, would, for a moment, think of denouncing *Homœopathy* on account of *their* failures ?

And again, there is a prevailing disposition among the people, to “doctor themselves,” induced by the failures, as well as torments of Old Physic. Taking, then, the people as they *are* and not as we would have them, shall we encourage their use of what we know to be injurious ? or shall we rather let them into the use of something better ?

Nor can we expect our remedies to prove always successful in families, where we prescribe occasionally, and for the more serious

complaints, while for all minor ailments blue pill, magnesia, soda, cream of tartar, salts, etc., are made use of.

Here then is our creed upon the subject.

1st. All persons residing beyond the reach of a good homœopathic physician, should have a good book and case of homœopathic medicines.

2d. All persons patronising a homœopathic physician, but residing at an inconvenient distance from him, should have a book and case.

3d. All persons performing the part of the good Samaritan, in furnishing medicines gratuitously to the poor, should have a book and case.

4th. All persons determined to doctor themselves, should have a book and case; and finally as the closing,

5th, Article of our creed, we believe that wherever medicine is needed or taken, in the absence of a good homœopathic physician, there should be, in real service a case and book.

It is, of course understood, that we would have all, who are obliged to exercise or wish to indulge in domestic practice, possessed of good abilities for the undertaking. But if they have them not they still are better off with *our outfit* than that of cruel Old Physic.

Having thus freely expressed our views of the value of domestic works, we will add, that we are in favor of popular knowledge upon the subject of medicine as upon all other subjects; and would about as soon withhold the Bible from those not favored with a living teacher, as our doctrinal and practical works from the people not favored with a living practitioner of homœopathy. That we have valuable domestic books none may doubt who reads. Nor are we among those who complain of their increasing number. We say, let every man who will, write his book on practice. If it is good, it will be an addition to our stock: if not, it cannot block the wheels of progress. If we had but one author in that branch, he would not have the stimulus of competition to urge him on to improve or perfect his work.

We say, open wide the gates to competition: and at the same time, to the critics and reviewers, open wide your eyes, that no unworthy author may pass *unscathed*. In every book let the good be praised and the bad condemned, till every author in the domain of our heaven-blest system, shall write in the spirit and with the success of the Father of Scientific Medicine.

PNEUMO-THORAX.

BY J. A. WAKEMAN.

I was called to visit the patient, a young man of full size, aged twenty-three years, light complexion and hair, blue eyes, hereditarily scrofulous (his father, a few years since, died of tubercular phthisis), a steward on a steamboat, temperate in all his habits, and has formerly enjoyed uninterrupted good health. In July last he accidentally received a severe bruise on the left side of his chest, by falling across a log, which produced pain and considerable soreness, which annoyed him constantly for several weeks, when a bilious fever (so called) set in with great violence, and for which he was subjected to a thorough allopathic treatment, with the remedies usually prescribed in such cases, and, as is usual, had a painful and protracted convalescence, and at the time I first saw him he was laboring under the following symptoms:

Slight pain and soreness in his left side and over the entire left chest; severe and exceedingly troublesome cough, which he informed me came on during the progress of the fever, and has continued until the present, with copious mucous expectoration of a greenish yellow color, and often in quite hard lumps of a saltish sweetish taste; difficult respiration, copious night sweats, with a pulse irregular but seldom below 130 per minute.

These symptoms continued to yield gradually for two weeks under Stann., Phos., Sulph. and Bryonia, at which time he was so far recovered that I discontinued my visits, continuing the medicine, and he soon engaged himself in out-door light work.

I omitted to say, while delineating symptoms, that percussion and auscultation at all points on the left chest were nearly natural, the only perceptible change was a very slight dullness. Bowels regular and appetite good. The heart's sounds have never been clear and distinct as in health at any time since I first saw him.

November 9th, patient called at my office, not feeling quite so well, and complained of having taken cold, and of stitching pains in the left side of the chest in the region of the heart, for which he had Bry. 9th, but not feeling relieved, I was called in on the 12th inst., and found him laboring under the following symptoms:

Head feels full and heavy, falling off of his hair, countenance anxious and indicative of great suffering, cheeks slightly flushed,

tongue nearly natural, dry hacking cough, or rather a constant disposition to, and effort at, hawking, with a *ticking* sound in the larynx, on inspection not unlike the ticking of a watch; respiration much accelerated, and attended with an elevation of the shoulders at each act; bowels slightly costive; urine free but scanty, and depositing a copious mucous sediment, with much thirst, especially at night, with some pain and soreness in the left side of the chest, more under the arm than elsewhere; pulse 130, small, irregular and undulating; skin hot and dry. He cannot move about on account of the shortness of breath, which the least exertion greatly increases; neither can he lie down, except upon the left side, on account of the sense of suffocation which is thereby induced. Leaning back in a chair while sitting cannot be indulged in, for the same reason.

He "thought something broke in his chest last night." Percussion sound all over the left chest is *preternaturally loud and clear*, but more so over the lower portion of it, which induced me to suppose that what the patient thought about "something giving away" was really correct, and that a communication had actually taken place by ulceration from some one or more of the bronchial ramifications into the cavity of the pleura, and that the lower lobe of the lung had collapsed in consequence. This conclusion was sustained from the fact that the heart's pulsations could be no longer felt in its normal position, but a little upward and to the right, and also from the fact that percussion sound over the upper portion of the chest was at this time more normal than any where else, and the respiratory murmur which could not be heard at the lower, could be distinctly heard at the upper part.

From day to day the extent and intensity of this resonance increased, but no return of the respiratory murmur, which in a short time could not be heard over the left chest at any point, neither could the pulsations of the heart be heard except at a point two inches to the right side of the sternum. Percussion sound over the right lung was rather duller than natural, but the respiratory murmur could be heard with distinctness.

Treatment.—As the symptoms were nearly the same from day to day for two weeks, no minute record was kept of them, but Ars. 15th appeared to afford the greatest relief, but Acid. phos., Calc. carb., Sulph. and Spigelia, all, in their turn, relieved urgent symptoms as they occurred, until the 25th instant,—my patient now feeling very

comfortable, and appearing much better in every respect, so much so that all considered him convalescing but myself. A sudden change in the weather gave him cold, and all the symptoms became alarmingly aggravated, with occasionally a deep-seated chill and increasing tightness and oppression in the lower part of the left chest, with much dullness on percussion, which could be clearly ascertained from day to day to be rapidly on the increase, by its rising higher and higher, and occupying more of the pleural cavity. He now complains of a noise in his chest, on motion, as of water splashing, which is most perceptible when setting down suddenly, or on assuming the erect position after having been some time recumbent, which noise has been distinctly heard several times by his attendants; also a sound as of the dropping of water into a bottle half filled with fluid, giving it a metallic resonance, which *Tweedie* calls "*metallic ringing*," and by sudden movement the "succession" described by Hippocrates, is heard. Catarrhal symptoms calling for it, *Nux. v.* was used without any relief. *Digitalis* appeared to relieve the palpitation and other irregularities of the heart's actions and the dyspnœa, but failed, so also of *Spigelia*.

Patient now passes sleepless nights, and cannot lie except upon the left side. Respiration panting or gasping, with open mouth and anxious countenance. Pulse 150 per minute, indistinct and undulating, and very feeble. Thirst, costive bowels, appetite gone, urine scanty and high colored, and depositing a copious, reddish mucous sediment on standing, that could be with difficulty washed from the vessel with boiling water. Great mental anguish, with fear of approaching death.

Dec. 7th. All remedies now failing to afford any relief, a counsel was called, who stated that he could not suggest anything in addition to what had been done, as he considered it a perfectly hopeless case, which fact I had before communicated to the patient and his friends.

The heart's pulsations can only be felt one inch above the right nipple, with an undulatory motion extending upward to within an inch of the right clavicle, showing conclusively that all the large blood-vessels occupy that region, and which circumstance led the consulting physician to conclude that it arose from an Aneurismal tumour.

The left side of the chest is much enlarged in front and laterally,

and the dullness on percussion, which was first noticed in the lower part of the chest, now extends at least two inches above the left nipple, showing that the gaseous accumulation is now confined entirely to a small part of the superior portion of the pleural cavity, and the serous or puriform fluid rapidly increasing, and that the two together was forcing the heart and large vessels hard upon the right lung.

I now determined to try the Apis Mel., more, I must acknowledge, from having heard it favourably spoken of as a remedy in dropsies than from any direct knowledge of its virtues, as I had never seen its provings.

Apis 2d, Trit., one grain three times a day.

Dec. 8th. Patient thinks he feels a little better; can breathe easier, bowels moved twice, freely, this morning. Continued the medicine in same manner.

Dec. 9th. Appears better, less anguish, rests better, urine more copious and a clear red—no sediment.

Apis, same dose, morning and night.

Dec. 10th. More comfortable, pulse slower, breathing somewhat easier, slept well last night, in a gentle sweat all over the surface.

Continued same prescription as yesterday.

Dec. 11th. Says he feels fine this morning, breathing less laboured, pulse slower and more regular, sweat copiously all over nearly all night, no cough and not much thirst, urine quite copious.

Prescription same as yesterday.

Dec. 12th. Passed a very comfortable night, slept very well, breathing quite easy, some talking in his sleep, pulse 120, slight sweat but uniform and warm.

His tongue is coated with a thick black ropy mucous, resembling dissolved blood, with a foul taste.

Apis 1, dose as above, if breathing became more laboured.

Dec. 13th. Slept well, not much thirst, slight œdema of the feet, last night pulse 130, some spitting, pain in the left side and breast, with but little dyspnœa. *Placebo*.

Dec. 14th. Comfortable in every respect, except some dyspnœa.

Apis 1, dose at bed-time.

Dec. 15th. Found patient much more distressed this morning, than has been all night, Apis did not afford any relief. He also took Spigelia 15th, which I left last night in case the Apis failed,

which also did no good. He is now much prostrated, great dyspnœa, bloated face, livid greenish appearance of his countenance, lips and tongue nearly black, half closed eyes, ears dark purple, pulse 150 at least, indistinct and irregular, with much thirst, no sleep, but slight coma. Prescribed Ars. 6th, dose every two hours. Considered my patient dying and told the friends so. Died at eleven o'clock in a deep coma.

I would here state that I had from time to time told the patient and his friends that the case was one of very rare occurrence, that I had never seen one before, and earnestly requested of his friends that I might have the satisfaction of making a post-mortem examination in the case, that I might know, and they likewise, whether I was or was not correct in my diagnosis, and whether there was or was not, as the counsel concluded, an aneurismal tumour in the chest, which I told them I was satisfied was not the case, but which privilege was not granted without great and earnest persuasion on my part and others.

Post-mortem.

Twenty-four hours after death, I, in company with Dr. D—, and several other medical gentlemen, whom I invited, proceeded to examine the body, which was witnessed by a large number of ladies and gentlemen of the opposition, doubtless hoping that I might find myself exposed to shame and contempt, by being compelled to acknowledge myself in error, of which, however, I had no fears at all, for I had watched the progress of the case with too much interest, and investigated it too closely, I thought, to be mistaken.

External appearance. Face full and much bloated, the surface presenting a greenish appearance all over the neck, shoulders, back and front portion of the chest, ears nearly black, left half of the chest plainly much the largest, with fullness and projection of the intercostal spaces, tumid abdomen from gaseous accumulation, slight œdema of the feet and legs, and some little anasarcaous effusion over the abdomen and chest and back. The corpse is very fetid indeed, although it is cold and freezing weather.

The sternum was next raised in the usual manner, and on opening into the left pleural cavity, a *large quantity* of extremely fetid gas escaped, which was next followed by discharges of a half pint of serum from the pericardium, which my assistant cut into, in dividing the cartilages on the *right side* of the sternum. The left

pleural cavity was much distended and contained a purulent, fetid fluid, about the consistence of thick syrup, and of which I removed *nine pints*, (by weight *ten pounds*.) The pleura was thickened from one-sixteenth to twelve-sixteenths of an inch throughout its whole extent, presenting a granular and rugose appearance, and so softened and broken down that it could be easily wiped away with the sponge in large masses of a whitish-yellow color.

The lung was collapsed and compressed into a firmly solidified mass, occupying the middle and superior portion of the chest, upon the bronchia, and in size and shape would compare well with a bullock's kidney, nothing of a lung appearance could be discovered. It was thickly studded with tubercles. The heart and pericardium were forced a little upwards and four and a half inches to the right of the mesial line of the body, and compressing the right lung, which was found so firmly adherent to the costal pleura, in front, that the adhesion could not be broken down but I was obliged to dissect it off in order to gain the right cavity of the pleura. It was also firmly adhered to the mediastinum, and throughout its whole extent were firm adhesions, it was apoplectic, and thickly studded with tubercles.

The heart was pale and flabby, and its surface presented more the appearance of lung than heart. On handling it, it was found to be distended in the left ventricle, which induced me to cut into it, whereupon a quantity of fetid gas escaped, with force sufficient to be distinctly heard by the by-standers, and the small quantity of blood found in it was liquid and frothy.

I omitted to mention that the pericardium was much thickened in its walls, but had none of the peculiar appearance which manifested itself in the left pleura, except upon the left portion of it.

REMARKS.—There are many peculiarities which are worthy of note in this case, some of which I will mention.

First.—That the patient could have so much disease, involving such great and important pathological changes of structure in vital parts, and yet complain of comparatively very little pain.

Second.—That such firm and extensive adhesions should take place upon the surface of the right lung without pain and soreness in the part, but merely the result of firm pressure, firmly fixing the lung against the walls of the chest, causing lymph to be effused, hence the adhesions.

Third.—That the digestive organs should have been so slightly involved, and that the bowels should have continued so regular throughout its courses.

Fourth.—That the pulse should have been so remarkably frequent, feeble and irregular, and often indistinct and undulating from the commencement of his illness.

Fifth.—The broken down and flabby appearance of the heart.

Sixth.—The heart being distended with frothy blood and air.

Seventh.—The ease by which the progress of the purulent accumulation could be noted by percussion, and the recession of the gaseous fluid.

Eighth.—That the system could have sustained itself so long against the ravages of such extensive suppuration with so fierce and unequivocal hectic symptoms.

Ninth.—That there was so little emaciation.

Tenth.—The perfectly collapsed and solidified condition of the left lung, riding upon and firmly embracing the left bronchus.

Eleventh.—That the apoplectic condition of the right lung should (as it appeared) be the result of compression.

HOMŒOPATHIC MEDICAL COLLEGE OF PENN'A.

THE seventh course of lectures in this College was closed on March 1st. The class of matriculants number eighty-three, and the graduates, thirty-eight. The Annual Commencement was held in the Musical Fund Hall, on March 1st, in the presence of a large and fashionable audience. Appended will be found the Valedictory Address with the names of the matriculants and graduates for the last session.

GENTLEMEN OF THE GRADUATING CLASS:

My colleagues have assigned me the pleasing duty of addressing you at this our last interview. To-day has been set apart as the period for your professional inauguration, an event in the history of each one of you, to which you have doubtless looked forward with mingled feelings of pleasure and solicitude. Permit me to congratulate you upon its happy consummation. You have passed through the curriculum of professional pupilage, as ordained by the statutes of Medical Colleges. You have diligently pursued a series

of studies, and patiently endured the labors and trials necessarily attendant upon the career of Medical Students. You now come prepared to partake of the privileges, and to wear the honors, peculiar to your chosen profession. I am happy to be able to assert to this audience, that you are worthy recipients of all the honors, titles, and immunities which can be conferred upon you by your Alma Mater. A new era now opens to your fertile minds; old associations are to be destroyed, and new and more important relationships formed. You are about to enter into full fellowship with a noble and time-honored fraternity. This evolution involves many new duties, and engenders many serious reflections; and now, on the eve of its assumption, will you pardon me, if I offer you briefly some parting words of counsel?

Your hearts are buoyant with the elasticity of youth; a panoramic view of the future is spread out to your mind's eye, like a pleasing and beautifully colored landscape. Not a spot appears upon the canvass to darken the ardor of your ambition. The voyage of life appears a history of unceasing and incessant pleasing events. Not a cloud obscures the horizon of your hopes. With a fair field, an open sky, and an unquenchable zeal, you feel prepared to contend with an Hercules in the battle of life. Be it so. May it never be otherwise. May your present bright hopes be fully realized in the revelations of the future. May your zeal never be dampened by unexpected reverses. May opposing influences always yield to your manly efforts. May you float on the stream of life, with pleasant breezes, with fair winds, and a flooding tide.

You now stand upon the threshold of a life of usefulness and honor, and it is our purpose at present briefly to lay before you the nature of the responsibilities you assume and of the duties which will be required of you. What are the purposes of the medical profession? Let this question come home to the minds of each one in its full bearing, and awaken a response.

The profession of Medicine is as honorable as it is ancient; its existence has been coeval with the existence of the human race. Instinctively it sprung into being at the fall of man. Rude and imperfect as it must necessarily have been, it nevertheless performed a service. It has had its representatives in every age, and in all the countries of the globe, in the patriarchal ages, at the siege of

Troy, in the temples of Egypt, in the classic halls of ancient Greece, in the jungles of India, on the sands of Arabia, and in the barber shops of the middle ages. At the present time, the institutions of medical learning in Germany, France, England, Scotland and America, form an important feature, and rank high in value.

The profession of Medicine is not an undertaking generated by the caprices of fanciful minds. Disease must have a remedy. The abatement and extinguishing of suffering is the instinctive impulse of human nature. Remedial measures are brought into requisition wherever fallen man exists. The sphere of duty which it begets in its votaries, is not calculated to enlist the attention of the romancer, the enterprising merchant, the thrifty mechanic, or the calculating politician. They, however, are ever willing recipients of its favors, and passively acknowledge its value, on the destinies of human life. Castles built of air, and peopled with angel images and hopes, the ruling rates of commodities on change, the condition of the cotton crop of the South, or the growth of grain at the North, and their influences on the market, the ruling rates of exchange, or the discount of notes of hand and bills of exchequer, the polity of nations, and the effectual accomplishment of political revolutions, with the government of the different departments of state, are subjects foreign to the legitimate purposes of the Medical profession. They receive, however, a passing notice from the physician, as a member of the common community, but his legitimate duties rest on a more elevated platform. The physician has under his guidance, care and protection, what is of more value than all these. In his noble, yet humble and quiet position, he is the guardian of the happiness, health, and lives of his fellow-men. What is more valued? Is not health a blessing? Is not life dearer than the glittering gold of the El Dorado, or the aggregate riches of the Indies? What will a man give for his life? When the king is divested of his crown of diamonds and robes of purple, when the courageous general has gallantly led his troops to face the guns of a contending enemy, when the brave soldier is lying on the blood-stained field of battle, companioned with his deadly weapons, when the ambitious merchant has forsaken his counting-house, when the mechanic has lain aside his implements of industry, when the busy scenes of life are forsaken for the chamber of sickness, when stricken down with disease, or perhaps writhing in the agonies of death, where then

is their trust? Divested of pomp, pride, ambition and shrewdness, they welcome to their bedside the messenger of ease and comfort, and place their hopes in God and their confidence in the physician's skill. What a relationship! Bound to society by such ties, wielding a sceptre, which exhibits its power, in such emergencies, should arouse in your minds the loftiest aspiration; it should kindle in your bosoms an energy which will never die, a becoming emulation to excel in all that appertains to a faithful discharge of duty. Such is the sphere into which you are about to enter. Do you feel prepared to assume its responsibilities? Are you fully equipped and ready to discharge faithfully all the obligations demanded of you. Institute self-examination. Be fully convinced that your resources are ample for any emergency. Be studious, be faithful, be honest. If you are fully prepared for a life of mingled pleasures and regrets, of joys and sorrows, of successful fortunes and baffling reverses, of alternate triumphs and defeats, then you are ready to enter upon the active duties of the Medical profession.

But, there are obligations imposed upon you, as members of a scientific profession—you owe a debt to your predecessors which it is your duty honorably to liquidate. What has given to medicine scientific character, and by what means has the art of medicine been perfected? Science and art are handmaids. Science unfolds the intricate philosophy of our profession; art is the adaptation of its principles to ends and means. Science divested of art is of but little benefit to mankind; art divested of science, is like a ship at sea without a rudder, and may do injury to mankind. Science can live and grow in the library; art, based upon science, is the welcome messenger of the sick room or the dying chamber. Science evolves and springs into activity principles, which art assumes and renders practical.

According to your natural and acquired abilities, it is your duty to appropriate a portion of your time and leisure to the improvement of the science and art of your profession. You are placed in a situation where you can accomplish immense good for your associates and for society. Perfection has not yet been attained. There are many intricate subjects which invite farther investigation, and promise ample reward for labor. There are diseases which yet baffle the skill of the physician. Are these diseases ever to be curable? If so, the remedy has yet to be discovered and made

public. Progression is the watchword of the medical profession. To be stationary is equivalent to unfitness for active service. Be fellow workmen. Bright examples exist in the history of medicine, as incentives for activity—a galaxy of names adorn the pathway—Hippocrates, Galen, Celsus, Vesalius, Stahl, Chesselden, Monroe, Pare, Broussais, Cullen, Sydenham, Hahnemann, Hunter, Bell, Cooper, Physick, Eberle, Dewees, Chapman, and a long list, shine out as stars of the first magnitude in a glorious constellation. They have performed a service for humanity. They now sleep from their labors, but their goodly acts and deeds live. They have left behind them a memento more enduring than a chiseled urn or gilded shaft. They have written their labors in the archives of the profession. In ponderous yet dusty volumes they breathe the spirit of their lives. Emulate their zeal—wear the mantle of their greatness, and accomplish, if possible, an equal good for the profession and mankind. Be living, breathing, and industrious disciples. Stand upon your identity, and through individual exertion and labor, pen your own biographies, and devise them as a legacy to posterity.

You profess to be adherents of a special philosophy in the art of Medicine. I am not disposed, if the time and opportunity were appropriate, to enter upon a discussion of its merits. These questions have already been examined, your minds are clear upon the subject. I am prepared to announce, however, that the Homœopathic law is the only true law in the treatment of disease. This annunciation of course does not demand an admission from those who honestly differ from us in opinion. They have been educated in the details of an opposite law. Time and experience will be the judges, and if statistics are honestly chronicled, the question will, ere long, be settled beyond cavil. We believe the law of simile to be the only true law of cure—it dictates a new arrangement of the articles composing the *materia medica*—it points to a precision in administration which has been attained by no other source. It stands erect. Having a true basis, it is unshaken by the profound arguments of classic minds. Scathing satire has failed to impede its progress, and it bears the relation to-day of a boon to society, given to man from the hand of God himself. The therapeutic department of the profession has been defective for centuries, and why? Not owing to the sparsity of material, but because the law of application was erroneous. Nature's laws must be obeyed, and the law of

similia in the treatment of disease is one of the central laws. Ever act in obedience to its teachings; let your investigations be conducted in an accordant spirit, and you will accomplish for the profession an unlimited good, which will eventually be reflected to all grades and conditions of society.

As members of an honorable profession, it is your duty to maintain becoming dignity. Never stain its escutcheon by an unprofessional or unmanly act. Be dignified, be courteous, and entertain fraternal feelings towards the entire brotherhood. Never permit a difference of sentiment to produce disrespect. Recollect, what ever individual differences exist, we are all members of the same fraternity, striving to accomplish similar results—the cure of disease. The divisions, cliques, and feuds, which have existed in the ranks, have produced a detrimental influence, and have shaken the confidence of the public in the medical profession. These unwarrantable and ungentlemanly schisms have thrown fire-brands of discord, and set up a mutiny. The promulgation of hypothesis, and of individual opinion, cannot be objected to; it is a common privilege. Let it be so considered, and in a conciliatory spirit let us meet on a common platform, entertaining mutual friendly regard. Impelled by such feelings, the shreds of discord, which have existed, will be annihilated, and mutual esteem and regard will be substituted in their stead, and we will present to society a solid compact, united by common principles, ties, and feelings.

To-day you place yourselves under new obligations to your fellow men. You assume the position of a guardian, a counsellor and a confidential friend; a protector of the health of your particular circle. To guard them by your counsel, to protect them by your learning and skill, to stand as a mediator, to offer to them honestly, faithfully, and competently, the vast resources of knowledge. Your duties are sacred, responsible and honorable. You will have confided to your charge the health and lives of your fellow men. Discharge your duties faithfully. You will be the confident of the parent and the protector of the child. Your sphere of duty is in the midst of disease, pestilence, and suffering. When the stoutest hearts shrink from duty, you must stand unshaken, and firmly apply the resources of your art; and when disease makes a mockery of your efforts and skill, you must soften the footsteps of the pale angel of death. You will encounter scenes in your career which will awaken

the sympathies of your nature. Your utmost endeavors to cure disease, the faithful application of the administration of art, will often prove futile, and your patients will descend into the grave despite your strongest efforts. But do not be discouraged; decay is the common lot of all created nature, and it is in accordance with the Divine law. If after having faithfully discharged your duty, your efforts should prove unavailing, you stand honorably acquitted.

There are many scenes in the life of the physician, which are calculated to awaken the strongest sympathies of his nature. He is to witness disease, suffering and distress, in their various forms. His duties are alike in all circumstances and conditions of society. The rich and the poor are alike the recipients of his skill and attention. In marbled halls, with perfumed couches, adorned with costly drapery, his services are required; in the cheerless hovel, with its unfurnished apartment, and pallet of straw, his attention is also demanded. Doctors are public servants. Wealth makes no distinction. The governor and his subject, the man of affluence, and the beggar at his door, the philanthropist and the miser, equally demand the attention and skill of the physician.

Gentlemen, ever be kind to the poor, they are God's chosen people. The poor form the rounds in the ladder by which you are to enter the habitations of the rich. The physician who would spurn from his door a suffering victim, because the usual fee for services could not be guaranteed, is unworthy his vocation. He who values his services by dollars and cents, is worse than the miser, who dies of starvation, while his head is pillowed on a bag of gold. The profession acknowledges no such standard. Quacks and renegades, deceivers of society, who have the effrontery to prostitute the elevated purposes of the medical profession, and make it subservient to their own base intentions, deserve to be marked like Cain and banished from the circles of civilized life.

The country is now overrun by a horde of adventurers, who have been magically transformed from "Knights of the razor or the lap stone" to veritable doctors—travelling the country from Maine to California, or from the Atlantic to the Pacific, with flaming advertisements, giving an account of miraculous cures, effected by a favorite panacea, or perhaps a Katholicon adapted for the relief of all the pains, aches and ills ever afflicting humanity, or a Magnetic Sugar, whose electrical affinities will absolutely frighten from the

system all abnormal action. Such a degree of human depravity is lamentable, and what is still more surprising, is that there are individuals of intelligence and good common sense who can be duped by such charlatans. Do not be discouraged by these influences; meet them decidedly, manly and frankly. Ever strive to maintain the honorable position and bearing of your adopted profession. Never desert the principles of your fathers in the cause; keep them in view; they will act, as a Polar star to your course, and a compass for your voyage.

You are now about to thread your way into different sections of the globe, to exercise your talents and skill. We may never meet again. But in each other's memory will be cherished the vivid recollections of the past, the pleasing interviews, the social intercourse and the profitable investigations that have mutually existed, will ever form a pleasing link in the chain of life. I must bid you farewell. Go to your fields of labor. Bear with you, our best wishes, our warmest sympathies and ardent hopes. Stand erect in your manly greatness, honor your profession. Strive to equip yourselves fully for its varied duties. Mark out a free, unlimited, and determined course. Investigate thoroughly, adopt cautiously, and omit nothing that will add to your qualifications. May you prove honest workmen, every way worthy of your calling. There is a temple to be erected, and it is your duty and privilege to chisel a fragment. The foundation was planted in past centuries, it is now building, and its stately proportions stand out in view of every aspirant. The diminutive seed of knowledge, when deposited in a soil suited to its nutrition, germinates, springs up and attains maturity of growth. It buds and blossoms, and disseminates its fragrant aroma through all grades and ranks of society.

MATRICULANTS OF THE COLLEGE.

SESSION OF 1854-55.

NAME.	RESIDENCE.
*Harrison O. Apthorp,	Massachusetts.
Benjamin Barr,	Pennsylvania.
Joshua T. Baker,	Pennsylvania.
L. Augustus Billisoly,	Virginia.
James C. Burbank,	Pennsylvania.
D. F. Bishop, M. D.,	New York.
O. C. Brickley,	Pennsylvania.
S. S. Brooks, M. D.,	Pennsylvania.
J. Kemper Bryant,	Pennsylvania.
T. Crowell Bunting,	Pennsylvania.
Richard Carrigue,	Massachusetts.
Samuel Carrels, M. D.,	New Jersey.
J. K. Clark, M. D.,	Massachusetts.
Thomas Conrad,	New Jersey.
Asa S. Couch,	Vermont.
Daniel Coxe,	Pennsylvania.
Charles C. Cresson,	Pennsylvania.
Charles A. Dake, M. D.,	New York.
Addington K. Davenport,	Rhode Island.
Alfred Davis,	Pennsylvania.
John Dowling, Jr.,	Pennsylvania.
Wm. D. Downing, M. D.,	Pennsylvania.
Jacob R. Earhart,	Ohio.
Robert W. Eyre,	Pennsylvania.
C. F. Fish,	New Jersey.
Samuel M. Fletcher,	Pennsylvania.
E. P. Gaylord, M. D.,	New York.
John F. Geary,	Pennsylvania.
Wm. Grafius, M. D.,	Pennsylvania.
J. J. Griffiths,	Pennsylvania.
Jos. F. Harvey,	Pennsylvania.
Felix M. Havens,	Canada West.
Handy Harris,	Massachusetts.
John H. Haesler,	Pennsylvania.
Henry A. Haesler,	Pennsylvania.
James A. Herron,	Pennsylvania.
David R. Hindman,	Pennsylvania.
John R. Howard,	Alabama.
John Hyde,	New Jersey.
Damon Y. Hyde,	Vermont.

* Dep. Anat. and Phys.

NAME.	RESIDENCE.
Abram M. Ingham,	Pennsylvania.
Alexander Irons,	Pennsylvania.
Richard S. James,	Pennsylvania.
A. S. Jones,	New Jersey.
P. O. Johnson, M. D.,	Illinois.
Willard A. Kitts,	New York.
J. S. Kimball,	New York.
J. E. Linnell, M. D.,	Massachusetts.
Henry H. G. Lungren,	Pennsylvania.
Archibald C. McCants,	Florida.
Edwin M. McAfee,	Pennsylvania.
Robert J. McClatchey,	Pennsylvania.
E. D. Miles, M. D.,	Ohio.
Calvin E. Morse,	Massachusetts.
Wm. Murphy, M. D.,	Pennsylvania.
Henry Nichol,	Scotland.
Levi E. Ober, M. D.,	Illinois.
Joseph H. Platt,	New York.
Theodore Quick,	New York.
John N. Reed,	Massachusetts.
Robert D. Rhodes,	New York.
Jacob Rich,	New York.
John C. Rutter,	Pennsylvania.
Thaddeus E. Sanger,	Ohio.
Charles F. Saunders,	Rhode Island.
Alexander R. Shaw,	Pennsylvania.
George R. Starkey,	Massachusetts.
John W. Sykes,	New York.
P. C. Skiff, M. D.,	Connecticut.
Mortimer Slocum,	New York.
Wm. Smith,	England.
Henry R. Thayer,	Pennsylvania.
Henry Thomas,	England.
Enoch Towner,	Pennsylvania.
Tullio S. Verdi,	Italy.
Jos. S. Walter,	Pennsylvania.
George J. Waggoner,	Iowa.
Jos. B. Ward,	New Jersey.
Soloman C. Warren,	New York.
Walter M. Williamson,	Pennsylvania.
Gabriel F. Wisner,	New York.
Louis de V. Wilder,	New York.
Samuel Wilcox,	Pennsylvania.
George Wolfe,	Pennsylvania.

Total 83

GRADUATES OF 1855.

At a Public Commencement, held March 1st, 1855, in the Musical Fund Hall, the Degree of the College was conferred, by the Hon. A. V. PARSONS, President, upon the following gentlemen :—

Name.	Residence.	Subject of Thesis.
Joshua T. Baker,	Pennsylvania,	_____
Benjamin Barr,	Pennsylvania,	Theory of Psora.
L. Augustus Billisoly,	Virginia,	Abortion.
O. C. Brickley,	Pennsylvania,	The Uterus and its appendages.
T. Crowel Bunting,	Pennsylvania,	Reaction.
Samuel Carels,	New Jersey,	Catarrhal inflammation.
Asa S. Couch,	Vermont,	Therapeutic Law.
Charles C. Cresson,	Pennsylvania,	Temperaments.
Charles A. Dake,	New York,	_____
Addington K. Davenport,	Rhode Island,	Pneumonia.
Jacob R. Earhart,	Ohio,	Therapeutic law of Homœopathy.
C. F. Fish,	New Jersey,	_____
Joseph H. Gallagher,	Pennsylvania,	Constipation.
John F. Geary,	Pennsylvania,	Progress of Medical Science.
Joseph F. Harvey,	Pennsylvania,	Duties of a Physician.
Handy Harris,	Massachusetts,	Mucous Fever.
John R. Howard,	Alabama,	Progression of Homœopathy.
Damon Y. Hyde,	Vermont,	Dysentery endemica, Seu Epidemica.
Richard S. James,	Pennsylvania,	Bright's disease.
Perry O. Johnston,	Illinois,	_____
Edwin M. McAfee,	Pennsylvania,	Pneumonia.
A. C. McCants,	Florida,	Diseases of the Spleen.
Theodore Quick,	New York,	Rational Medicine.
John N. Reed,	Massachusetts,	Induration.
John C. Rutter,	Pennsylvania,	Cholera Infantum.
Charles F. Saunders,	Rhode Island,	Acute Hydrocephalus.
Mortimer Slocum,	New York,	Quackery in high places.
William Smith,	England,	_____
George R. Starkey,	Massachusetts,	Physiology of Impregnation.
John W. Sykes,	New York,	Decline of Allopathy.
H. Reidel Thayer,	Pennsylvania,	Cholera.
Henry Thomas,	England,	Ipecacuanha.
George J. Waggoner,	Iowa,	Rationale of Homœopathy.
Solomon C. Warren,	New York,	Hemoptysis.
Joseph S. Walter,	Pennsylvania,	Puerperal Peritonitis.
Louis de V. Wilder,	New York,	Scarlatina.
Gabriel F. Wisner,	New York,	Gonorrhœa and its kindred diseases.
George Wolfe,	Pennsylvania,	Nicotiana Tabacum.

The Honorary degree was conferred on John A. Ward, New York, George Beakley, New York, Walter Ward, New Jersey. Total 41.

EDITORIAL.

THE President of the Medical Society of New Jersey, gave an address at its late meeting in Trenton, in which he made the following allusion to homœopathy:—

“We, moreover, believe that neither honesty nor good faith is blended with the practice of the majority of these *pathics* or *isms*, but that gain is their prominent object. I will refer more particularly to homœopathy, as a specimen of the genus, the more fashionable and prevalent of the day, and, perhaps the only one enjoying the confidence of the public to an extent worthy of notice. I shall not attempt a refutation, or to prove the utter absurdity of the principle upon which it assumes to be founded. This has been done so effectually and so frequently as to be uncalled for; but merely to express an opinion as to the practice, which I would not venture to do, if not satisfied that the profession would entirely coincide with me. I have no disposition to be uncharitable, or to give offence by expressing an opinion offensive to the feelings of one who may be honest in his convictions; still, entertaining an opinion, and believing it to be entertained by the profession, I must be permitted to give it with all deference to those who may in sincerity differ from me, to wit.: that a majority of those who practice, or pretend to practice this system, do it, not from a conscientious conviction of its utility; and farther, that without such conviction, the practice becomes nothing better than a trade or traffic for the sake of gain, in human health and life. In confirmation of this opinion, I have no doubt that every physician practicing in the vicinity of a homœopath, could cite cases almost *ad infinitum*. These instances are so common, and so well known to the profession, as no longer to excite surprise. And if this opinion be true, if a class of men convert an honorable profession into a trade or traffic in life and health, with what feelings should we speak of them, what words would be too harsh to characterize such baseness and deception?”

The above paragraph is a remarkable specimen of a *rare ability* to express a *clear opinion*, entertained by the regular profession, concerning the practitioners of homœopathy, to wit.: *That they practice for gain*. We wonder if the honorable President is among the class that practises without any such motive? As to the honesty of those who practice homœopathy, let it be judged of as it

deserves. If their patrons are better satisfied with the fruits of their labors, than with the success of allopathic practitioners, who is to blame? Why is it that the legislature of New Jersey does not take the hint from the remarks of the learned gentleman, and enact some stringent law, declaring that the *Medical Society of New Jersey* is composed of gentlemen, honest, upright, and exclusively the benefactors of the people. Certainly, some enactment of the kind is necessary, or otherwise the society, conscious of its own rottenness and filth, will be reduced to its proper level. We have read of men being made *gentlemen* by an Act of Parliament, who were despicable and mean, and undeserving of the consideration usually bestowed freely upon honorable men, and we think the champion President of the New Jersey Medical Society, appears to be catering in behalf of that body for some such distinction. If the members and officers of this society are conscious of being gentlemen, thoroughly qualified for the duties of their calling, and free from all mercenary motives, and honest in all their efforts to do good, we cannot see why a discerning public will not appreciate their worth. But as it is allowable to express an opinion, we will merely venture the suggestion, that the Medical Society of New Jersey is conscious of its utter unworthiness of the confidence of the people, that it is full of quackery and merciless charlatanism, that in the practice of medicine it is destitute of science, and filled to overflowing with heartless assumptions and mercenary motives. And that on this account, it seeks by legislative enactment for exclusive rights and privileges, hoping thereby to exclude whatever militates against its interests. And, moreover, in pronouncing through its president, the verdict upon homœopathic physicians, that they are men void of principle, and mere traffickers in human health and life, the society has uttered the verdict of an intelligent and discerning public upon itself. It has measured with *its own yard-stick*, and time will show, that homœopathy, even in New Jersey, without the aid of legislation, will find its way continually, into the hearts of the people, and especially, among the intelligent and reflecting, until the last expiring groan of allopathy will only be heard in the distance, too weak to arouse attention or excite alarm, on account of its liability to return as a further curse upon society. *Magna est veritas et prævalabit.* The address abounds with curiosities and considerations worthy of some future notice, which we intend to bestow, as it

purports to be "The present and past history of the Medical Society of New Jersey, with reference to legislative enactments."

OUR JOURNAL.

The present Number completes the third volume of the Journal; the publishers take this opportunity to express their thanks for the encouragement they have received, by the continual increase in the list of subscribers, as well as by the promptness which the most of them have acceded to their terms. The fourth volume will be commenced immediately and it is hoped, with prospects still more flattering. The Journal, will be conducted upon liberal principles, strictly adhering to the cardinal doctrines of homœopathy. An effort will be made to improve its character in every respect. An effort will also be made to regulate the character of discussions, so as to exclude personalities. Criticisms upon the labors and works of others, will only find place in our columns when they seem characterized by a spirit of fairness, and an evident desire to elicit the truth. Information pertaining to the interest of the profession will be sought after, and an effort will be made to render the Journal an acceptable channel for communicating the same, and the publishers in conclusion will state to the profession, that information will be freely received and duly imparted, from any member of the profession who may have anything of interest to communicate.

CHRONIC COLITIS.

FROM DR. CURIE'S CLINICAL LECTURE ON HOMŒOPATHY.

Chronic colitis is a chronic inflammation of the intestine called the colon: it is more generally known by the name of diarrhœa.

Causes.—We must assign the first rank to those causes which act directly on the intestinal canal, and which belong chiefly to articles of diet, such as pork, the flesh of young animals, the eggs of certain fish, and the liver of most animals. But these causes act only on certain individuals, and are powerless on others. The following produce it more generally: such as the long continued use of bread made of flour spoiled or produced from mouldy wheat, adulterated or mixed with indigestible substances; of meat beginning to putrefy, or derived from diseased animals; of stagnant and muddy water containing the remains of animals; of wines called sweet, that is to

say, taken during the first fermentation of the grape ; the swallowing of substances not nutritive ; the abuse of drastics and purgatives ; putrid and infectious exhalations, emanating from crowded rooms ; in like manner which arise from the the alvine excretions of men already attacked by this disease, and collected in great numbers in confined places, as prisons, hospitals, and ships. Bad milk : a too early use of food too substantial, and the pain of dentition, frequently produce it in children.

It is often brought on by damp cold applied especially to the feet. In fine, all lively emotions, especially fright, sometimes produce it.

Most persons on their first arrival in a great city, as Paris, London, &c., are affected by it. Every age, sex, and temperament, are liable to it. But those who are affected by psora, are particularly predisposed to it, and the disease with them assumes a degree of stubbornness remarkable.

Colitis appears under different forms, and in very varied degrees, according to its intensity. On account of all these variations, it has received different denomination : thus it is distinguished by the name of *stercoral*,* when the evacuations are more liquid than usual. *Mucous diarrhæa*,† when the excretion is formed wholly or in great measure by a thick and gelatinous mucus. *Serous diarrhæa*,‡ when the stools resemble muddy, or sometimes clear water. *Bilious diarrhæa*§, which consists in the evacuation of bile more or less abundant. *Lienteric diarrhæa*,|| in which the ingesta, or food taken, passes through the intestinal canal without undergoing any alteration. *Purulent diarrhæa*,¶ in which the evacuations are formed of pus. *Colliquative diarrhæa*,** which produces a rapid exhaustion of strength, and which commonly takes place at the termination of chronic diseases of numerous organs, such as those of the lungs, stomach, uterus, &c.

Colitis of moderate intensity is characterized by pains in the region of the large intestine preceding the alvine evacuations,††

* Arn. Phos. ac. Rheum. Rhod. Sulph. Aut. China. Nit. ac.

† Arn. Ars. Dulc. Merc. Puls. Scill. Sulph. Rhus.

‡ Arn. Ars. Cham. Cinch. Dulc. Ferr. Phos. ac. Puls. Sulph. Rhus.

§ Dulc. Merc. cor. Igna. Puls.

|| Arn. Bryo. Ars. Calc. carb. Cinch. Ferr. Oleand. Phos. ac. Sulph. Scill.

¶ Arno. Iod.

** Ars. Ipeca. Bryon. Verat. Sep. Sulph.

†† Ant. Dulc. Merc. Ac. nit. Puls. Rheum. Sulph. Bryon. Rhus.

which, though more frequent than in a state of health, are still not very frequent, they recur only four or six times a day. The matter is yellow* or brown,† and half-liquid;‡ the pain is dull, and rumblings§ precede each stool; uneasiness|| and weakness¶ are its consequences; it is often attended by loss of appetite.

In severe chronic colitis, the stools may extend to fifteen or twenty, or more, during the day. They are also much more liquid, and often involuntary; the pains which precede them are more severe; sometimes they are sufficiently sharp to produce cold sweats,** faintings, and a rapid change of feature;†† rumblings and twistings of the intestines accompany them.‡‡ The matter excreted produces, in some cases, a sensation of smarting at the anus,§§ but this in general happens only after many stools.

The nature of the stools is various. At first it is a thick and yellowish liquid mixed with mucus and bile; afterwards it is a mixture of mucus, serum, and yellow or green bile, made frothy by the admixture of certain gases, &c.;|||| the smell also varies. In a few days, and sometimes even in twenty-four hours, the debility is considerable, and the patient rapidly becomes emaciated.

From the commencement the face grows pale,¶¶ the skin becomes dry,*** and is extremely sensible to the impression of cold;††† it also assumes at an early period an earthy aspect.‡‡‡

In another form of chronic colitis, the patient feels in a fixed point of the passage of the large intestines, most commonly in the cœcum, a dull pain§§§ sometimes rather acute, intermitting and irregular,||||| which comes on suddenly; and having continued a longer

* Ars. Cinch. Ant. Merc. Ipeca. Puls. Rhus. Asa.

† Ant. Asa. Merc. cor. Magn. carb. Rheum. Scil. Sulph.

‡ Arn. Ars. Calca. Cinch. Oleand. Phos.

§ All the above.

|| Ditto.

¶ Bryon. Conn. sec. Calc. Sep.

** Ars. Ignat. Verat. †† Ars. Verat. ‡‡ All the above.

§§ Ars. Phosph. Sulph. Merc. Verat.

|||| Calcar. Puls. Iod. Mag. carb. Opium. Sulph. ac. Rhus.

¶¶ Ars. Secal. Rhus.

*** Ars. Sulph. Puls. Iod. Merc. Cinch. Phosp. ac.

††† Con. Dulc. Merc. Nitr. ac. Sulph. Rhus. Verat. Bryon.

‡‡‡ Bryon. Calcar. Cinch. Con. Merc. Iod. Sec. Sulph.

§§§ Ant. tart. Ferr. Calcar. Hep. Sulph. Verat.

||||| Ant. Bryon. Calc. car. Nit. ac. Phosph. Sulph. Rheum.

or shorter time, disappears suddenly. Whilst it is felt, the ideas of the patient are sad,* he is dejected, and feels, great weariness in the limbs; all which disappear with it. It is rarely felt in the horizontal posture, except on pressure,† and in thin persons only, for in persons who are stout, the strongest pressure does not excite it. It is soothed after meals. (Taking food soothes it.) It comes on especially four or five hours after meals,‡ after a long walk,§ in consequence of jolts on horseback,|| or in a rough carriage.¶ It is also felt sometimes when the patient bends the body forward,** or strongly backward;†† sorrow, disappointments, and anger reproduce it.‡‡ Whilst the patient lives soberly, the diarrhœa does not develop itself; but the alvine discharges become frequent, whenever the patient commits any excess.

This disease may continue many years without influence on nutrition, if the patient be steady; but sooner or later, if attention be not paid to the disease, the patient becomes thin, and sometimes a tumour may then be discovered in the pained part. The contracting of the intestine, its cancerous tendency, and at last ascites are often consequent on this phlegmasia when neglected. When it is seated in the cœcum, it frequently happens that it extends to the surrounding cellular tissue, and produces an abscess in the part.

If the different forms of colitis have lasted for some time, it often happens that the intestine, confined at its lower part by an increase of its irritability, contracts, permitting no other matter to pass than as if moulded in a pipe,§§ when the diarrhœa diminishes.

Colitis presents this appearance in individuals who have an irritability of the colon and rectum brought on by frequent relapses, and who, living an irregular life, are under the dominion of a disturbing cause, that sudden cold, great fatigue, the abuse of purgatives, and of cold injections, cause in a moment the too confined

* Ars. Calca. Sulph. Verat. Rhus. Nit. ac. Phosph. ac.

† Ant. Bella. Stan.

‡ Ant. Puls. Dulc. Ferr. Iod. Phosph. Rheim.

§ Arn. Calc. Carb. veg. Cinch. Con. Sep. Sulph. Bryon.

|| Sep. Sulph.

¶ Sep. Sulph. Phos.

** Arn. Bryon. Calcar. Cinch. Phos. Verat. Ars. Con. Nit. ac.

†† Bryon. Phosph. Staph. Phosph. ac.

‡‡ Hepar. sulph. Sulph.

§§ Arn. Carb. veg. Cinch. Rheim. Squill.

intestine, notwithstanding all its efforts, not to allow anything to pass.* This form of colitis developed to this extent, presents the greatest danger.

Chronic colitis may exist many years without causing death, although it may terminate fatally in a few days. But these cases are not the most common, especially the last. It almost always ends by a resolution. When it is prolonged beyond fifteen, twenty, or thirty days, it ends generally by ulceration of the mucous membrane of the intestine. As we have already said, it may at length terminate in a tendency to cancer, and then an escape of serum into the abdomen, known by the name of *Ascites*, is frequently the consequence.

In general the prognosis of this phlegmasia itself is not serious. In very old men, and in young children, it is most dangerous. A rapid diminution of size and strength are, above all, bad symptoms. In pregnant women, it may cause miscarriage.

Mucous and serous diarrhœa are more dangerous than the other varieties, other circumstances remaining the same. A greater degree of danger attaches to the colliquative diarrhœa. This depends more or less on the exhaustion subsisting at the period of attack. The diarrhœa in this case serves only to hasten the fatal but inevitable end of the patient.

On opening the body, the mucous membrane of the colon is found red, thickened, and softened. Sometimes it is ulcerated, pierced, or covered with elevated patches.

Finally, in some cases, it has been found thickened and converted into a homogenous substance, fatty and cancerous. Then the muscular and peritoneal coats are involved in its pathologic change, and there is in almost every case an effusion of serum into the cavity of the abdomen.

COLITIS—SULPHUR.

Primitive symptoms.

Gripping and cutting in the abdomen; stinging abdominal, pain chiefly in the left side, when walking or breathing deep; sensation of soreness in the abdomen; loud rolling and grumbling in the abdomen.

* Ign. Sulph. Calc. Sep. Lach. Plum. Magnas.

Consecutive symptoms.

Watery, whitish, slimy diarrhoea, day and night. Diarrhoea of children, with a greenish bloody mucus, and weeping and shrieking. Diarrhoea from a cold. Brownish diarrhoea, with griping in the abdomen; sour smelling evacuations; undigested stools; involuntary evacuations.

Sympathetic symptoms.

Great tenderness to the open air and wind, with a disposition to take cold; sadness and dejection.

COLITIS—PHOSPHORI ACIDUM.

Primitive symptoms.

Distended and tense belly; contraction in the abdomen, in both sides of the umbilical region; stinging and cutting in the abdomen; clucking in the abdomen, as from water pouring out, particularly when touched—also when bending the abdomen forward and backward; frequent rolling and rumbling in the abdomen.

Consecutive symptoms.

Much flatulency and frequent discharge of wind; frequent stools; purging, but not debilitating stools; watery or undigested purging stools; mucous, whitish-grey purging stools; involuntary pappy stool, with a sensation as if wind would escape; after evacuation, tenesmus.

Sympathetic symptoms.

Sensation, as if beaten in the hips and thighs, particularly when walking, or rising from sitting; pale sunken countenance, with sunken eyes, surrounded by a livid circle, and a pointed nose; sensation of coldness, with chilliness and coldness in the abdomen; sadness and solicitude about the future; anxiously poring over his disease.

COLITIS—RHUS.

Primitive symptoms.

Contracting spasms in the abdomen, which make it necessary to walk crooked; visible, hard contraction of the abdomen, obliquely

above the navel; cutting, rending, jerking, and griping in the abdomen; burning in the abdomen; flacidity in the abdomen, with shaking in it by every step; abdominal pains at night.

Consecutive symptoms.

Tenesmus, with nausea and rending or griping in the abdomen; watery or mucous, gelatinous, red, or yellowish and white-streaked, frothy diarrhœic stools; chronic purging stools; nocturnal diarrhœa, with violent pains in the abdomen, which disappear after evacuation.

Sympathetic symptoms.

Short breath with the stool; insipid mucous taste in the mouth; anorexia, with aversion to everything; intolerance of the open air, cold as well as warm—it causes a painful sensation on the skin; the sleep at night is disturbed by pressure in the stomach, agitating griping in the abdomen, and inclination to vomit; fevers in the evening, beginning with chills, after which heat with thirst, and perspiration accompanied or succeeded by cutting in the abdomen and diarrhœa; sad anxiety and timorousness, as if dying, chiefly at night, or in the evening, with longing for solitude and a disposition to weep; peevish fretfulness, with disinclination to every occupation.

COLITIS—BARYTE CARBONAS.

Primitive symptoms.

Pain in the abdomen, relieved by eructation and external warmth; belly-ache with retraction of the navel; griping and cutting in the abdomen, with efforts to stool, as if diarrhœa would originate.

Consecutive symptoms.

Frequent efforts to stool, with an anxious smart in the lumbar region, shivering over the thighs and succeeded by soft or purging stools; sudden, hasty evacuations, which scarcely can be retained.

Sympathetic symptoms.

Inclination to weep; excessive apprehension and irresolution.

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